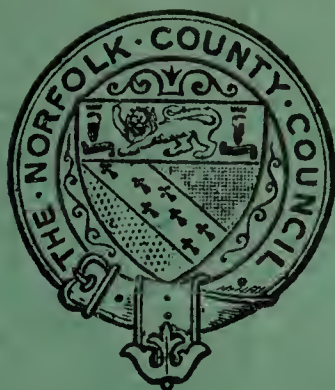


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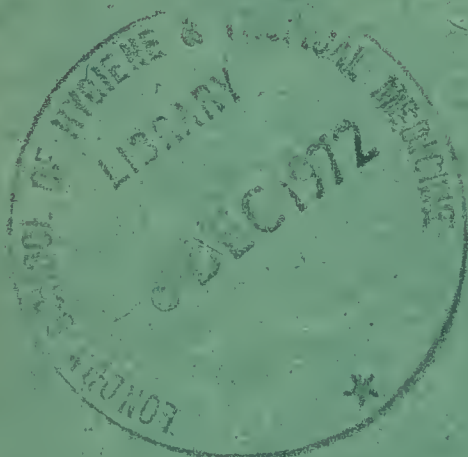
NORFOLK COUNTY COUNCIL

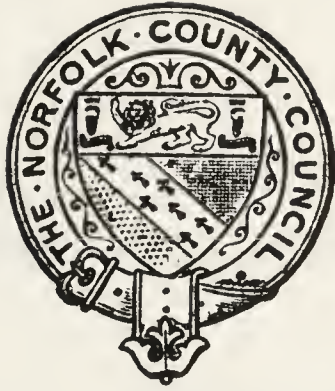
Annual Report

of the

COUNTY MEDICAL OFFICER
FOR 1962

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NORFOLK COUNTY COUNCIL

Annual Report

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PREFACE

The year 1962 was noteworthy on two accounts. Firstly, there was the continuous pre-occupation with the activities of the Boundary Commission, with the possibility of considerable changes in the county boundaries and in the future internal organisation of the county, with their possible repercussions on health area structure. Secondly, there was the issue of the Hospital Ten Year Plan, followed by the request by the Minister of Health for local health authorities to consider the complementary plan in connection with their functions relative to the hospital proposals. Both these problems tended to dominate the situation throughout the year and occasioned much consideration and planning. The outline proposals of the local authority ten year plan are contained on page 50 of this report.

It was fortunate that, with the exception of the Chief Dental Officer, who retired after 42 years' service with the Norfolk County Council, the health department staff suffered no further losses during this somewhat difficult period.

Other developments during the year were, firstly, the commencement of the district nurse training scheme, which got off to a very good start and after 12 months has yet to record a failure.

Secondly, the initiation of a direct chiropody treatment scheme for the homebound elderly and the physically handicapped, thus providing for those categories unable to benefit from the Welfare Committee's scheme for chiropody administered through the old people's voluntary clubs. This scheme very quickly proved its worth.

Thirdly, after prolonged search and many frustrations, a site in King's Lynn for the comprehensive training centre was finally secured. This centre was planned under the Mental Health Act, 1959 and is now included in the local authority's ten year plan.

There are also certain trends in the county which may be of some interest.

Firstly, there is the fact that in spite of free advice and care available under Part IV of the National Health Service Act, the infant welfare centre still retains its popularity; in fact attendances are actually increasing, which is somewhat contrary to expectations.

Secondly, the priority classes are taking advantage of free treatment available through the general dental services in increasing numbers and applications to the local authority dental services are decreasing correspondingly.

Thirdly, the take-up of national welfare foods continues to decline following the introduction of increased charges and one wonders whether this scheme is beginning to outlive its usefulness.

In general, as the following statistics show, the year was a good one from the health point of view. The population as estimated by the Registrar General showed an increase of over 4,000 and, if present boundaries are left undisturbed, should reach the 400,000 mark by next year or in 1965.

The birth rate (16.10 per 1000), though slightly lower than the previous year's figure and below the national rate, was the second highest since 1949.

Deaths, on the other hand (12.06 per 1000), showed a slight decrease on the 1961 figure. Of these, nearly 52% were over the age of 75 and 76%

over 65 years. Heart lesions continue to be the main killer and, in this connection, the increase in coronary disease, evident in last year's report, continues.

The most striking figures are maternal and infant mortality rates. As regards the former, it has never previously been possible to record that in this county no mother lost her life in childbirth during the year under review.

The infant mortality rate (14.42 per 1000 live births) is well below the national figure (21.4 per 1000) and the lowest ever recorded in this county. It is perhaps worth recording that ten years ago infant mortality was nearly double the present rate and twenty years ago nearly treble.

The improvement in infant mortality is not, however, reflected in the numbers of infants dying at birth or within the first week of life (the peri-natal period) or in the first four weeks of life (the neo-natal period) when birth injuries, congenital defects and prematurity continue to exact their toll.

As regards morbidity, the chief infectious diseases are one by one being brought under control mainly through the use of antigens and antibiotics.

Diphtheria has become almost a disease of the past, with only three notifications in this county in the last ten years and no death recorded for sixteen years. Therein lies the danger that parents may forget that this disease is still a potential menace and neglect to have their children suitably protected, as the fall in numbers immunised would appear to indicate in this report.

It is satisfactory to be able to record that no case of anterior poliomyelitis occurred during 1962 in this county and whooping cough is showing a similar trend towards eradication. Measles is at present the chief exception, though its incidence is markedly lower than in 1961. Thanks to antibiotics, this disease has largely ceased to kill, and it is hoped that a suitable protective vaccine may not be too long delayed.

The incidence of pulmonary tuberculosis remains low but its final eradication is likely to be a prolonged and difficult struggle.

The number of dysentery cases showed a welcome decline but food poisoning increased. These are both preventable diseases and the remedy is the employment of proper hygienic methods of food handling, or in simple terms, hand washing with soap and water prior to dealing with food.

Smallpox present during 1961 elsewhere in England did not affect this county but caused a good deal of panic demand for vaccination. The increase of venereal diseases, which caused considerable concern elsewhere, also did not occur in Norfolk.

A final item of interest was the discovery of a case of phenylketonuria in this county. This is a developmental defect causing mental subnormality if untreated, and all health visitors and midwives are provided with Phenistix for the testing of new-born infants for this rare condition.

The home help service continues to fulfil an indispensable role and the numbers assisted, mainly elderly and sick, increase yearly.

The ambulance and hospital car services too continue to build up their annual mileage and it would seem that, with public transport facilities closing down in this large rural county, this increase in mileage is inevitable.

Many of the services which the local health authority provides for the public would be impossible without the voluntary help which is so readily available in this county. Both the authority and the public are greatly indebted to all the voluntary bodies who give so much of their time and energy for the benefit of their fellow-men.

This report would be quite incomplete without the acknowledgment of the continued support of the Health Committee and grateful appreciation of the loyalty and support of all members of the Public Health Department staff over the years. Their combined efforts not only maintain the efficiency of the health services but retain that human touch that is so helpful in oiling the wheels.

K. F. ALFORD

Public Health Department,
29, Thorpe Road,
Norwich, Norfolk, NOR 01 T.
(Tel. Norwich 22288)
August, 1963.

PUBLIC HEALTH STAFF

County Medical Officer and Principal School Medical Officer:

K. F. ALFORD, M.B., Ch.B., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:

A. G. SCOTT, M.B., Ch.B., D.P.H.

Senior Medical Officer :

A. E. LORENZEN, M.R.C.S., L.R.C.P., D.P.H.

Senior Assistant Medical Officer :

A. N. HUNTER, M.B., Ch.B., D.P.H.

Assistant County Medical Officers and District Medical Officers of Health :

A. A. G. CARSON, M.B., Ch.B., D.P.H.

A. S. DUNN, L.R.F.P.S., L.R.C.P., D.C.H., D.P.H.

IRENE B. M. GREEN, M.D., B.S., D.P.H.

A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M.&H.

W. E. HOLMES, M.A., M.B., B.Ch., B.A.O., D.P.H., D.T.M.&H.

P. G. HOLT, M.B., Ch.B., D.P.H.

G. R. HOLTBY, M.D., B.S., D.P.H., D.I.H.

C. T. JONES, M.R.C.S., L.R.C.P., D.P.H.

J. A. SLATTERY, M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officers :

Full-time

A. D. MACDONALD, M.D., Ch.B.

Part-time

J. B. BENWELL, M.B., B.S., D.C.H.

SYBIL E. CATOR, M.B., Ch.B.

ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.

A. S. GARRETT, M.B.E., M.B., B.S.

MOLLY GOVIER, M.B., Ch.B., D.C.H.

J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H.

ROSEMARIE D. LINCOLN, M.B., B.S.

R. N. C. McCURDY, M.B., Ch.B., D.P.H.

C. MARGARET McLEOD, M.B., Ch.B.

ZOE T. SLATTERY, M.B., B.S., D.C.H.

Chest Physicians :

(Joint appointments with East Anglian Regional Hospital Board)

A. H. C. COUCH, M.D., M.R.C.P., D.C.H.

G. F. BARRAN, M.D., M.R.C.S., L.R.C.P.

Chief Dental Officer :

P. MILLICAN, F.S.A., L.D.S., R.C.S. (Eng). (to 2.8.62)

N. J. ROWLAND, L.D.S., R.C.S. (Edin.) (from 1.8.62)

Dental Officers :

Full-time

J. H. DE MIERRE, L.D.S., R.C.S. (Eng).
J. W. McQUISTON, L.D.S. (Q.U. Belf.)
LILY T. MILNES, L.D.S., R.F.P.S. (Glas.) (to 30.11.62)
E. C. PACKHAM, L.D.S., R.C.S. (Eng.)
S. H. WOONTON, L.D.S., R.C.S. (Eng.)

Part-time

M. G. ANSON, L.D.S., R.C.S. (Eng.).
EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.).
P. R. CHURCHYARD, B.D.S. (Lond.), L.D.S., R.C.S. (Eng.) (from 22.10.62)
LILY T. MILNES, L.D.S., R.F.P.S. (Glas.) (from 1.12.62)
W. NICHOLLS, L.D.S., R.C.S. (Eng.)
W. M. ROUSE, B.D.S. (Durham) (to 31.3.62)

Superintendent Nursing Officer and Non-Medical Supervisor of Midwives:

MISS A. DAY, S.R.N., S.R.C.N., S.C.M., H.V.Cert., Q.N.

Deputy Superintendent Nursing Officer:

MISS M. HARRIS, S.R.N., S.C.M., H.V.Cert., Q.N.

Assistant Superintendent Nursing Officers:

MISS D. M. BURRELL, S.R.N., S.C.M., H.V.Cert., Q.N.
MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.
MISS M. WEARMOUTH, S.R.N., S.C.M., H.V.Cert., Q.N.

County Public Health Engineer :

G. W. CURTIS, M.I.P.H.E., D.P.A.

Design Engineers :

F. S. CLAYTON, M.I.Mun.E., A.M.T.P.I. (Senior)
D. W. MAYHEW, A.M.I.Mun.E., M.I.P.H.E.

Senior Assistant County Public Health Officer :

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert.

Superintendent Welfare Officer:

C. J. TAYLOR, M.B.E.

Deputy Superintendent Welfare Officer :

T. H. HIGHAM, B.E.M.

Local Welfare Officers:

G. R. ARMSTRONG	D. R. INGHAM
A. BOOTHMAN	V. K. C. KIRBY
S. H. BOUGHEN	T. A. MAYFIELD
J. COWELL	W. J. PEACOCK
S. J. DODMAN	F. L. RAY
C. J. GALLANT	J. A. ROWE
V. C. HALL	

Senior Home Teacher and Visitor for the Blind:

MISS H. G. BELLAMY

Home Teachers and Visitors for the Blind:

MRS. E. M. COOPER

MISS M. HAWKE

MISS D. H. LETHAM

MRS. M. D. NEAVE

MRS. O. OAKLEY

MISS H. K. PAYNE

MRS. K. M. READ

Home Help Organiser:

MRS. E. A. KING, S.C.M., M.I.H.H.O.

Junior Training Centre Supervisors:

MISS T. BYLES

MISS S. J. GEE

MISS S. M. QUINSEE

MRS. N. SNUTCH

Mental Health Worker :

MRS. S. RAINBOW

Home Teachers for Mental Defectives:

MRS. F. M. CHURCHWARD

MISS J. C. CLAPSON

MISS B. I. CUMING

Chief Administrative Assistant:

E. W. DURRANT

County Analyst :

ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C.

I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY

Acreage	1,302,501
Population—Estimated by Registrar-General (mid-1962)	...					396,210
Estimated Product of Penny Rate for General Purposes (1962/63)						£15,361
Rateable Value for General Purposes (1st April, 1962)	...					£3,821,715

Live Births

Number	6378
Rate per 1000 population	16.10

Illegitimate Live Births (per cent. of total live births)	...					5.28
--	-----	--	--	--	--	------

Still Births

Number	115
Rate per 1000 total live and still births	17.71

Total Live and Still Births	6493
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Infant Deaths (deaths under one year)	92
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Infant Mortality Rates

Total infant deaths per 1000 total live births	14.42
Legitimate infant deaths per 1000 legitimate live births	12.58
Illegitimate infant deaths per 1000 illegitimate live births	47.48

Neo-natal Mortality Rate (deaths under four weeks per 1000 total live births)	10.66
--	-----	-----	-----	-----	-----	-------

Early Neo-natal Mortality Rate (deaths under one week per 1000 total live births)	8.78
--	-----	-----	-----	-----	-----	------

Perinatal Mortality Rate (still births and deaths under one week combined per 1000 total live and still births)	26.33
--	-----	-----	-----	-----	-----	-------

Maternal Mortality (including abortion)	Nil
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Live Births

6,378 live births were registered, giving a rate of 16.10 which was a decrease of 0.13 on the previous year. With the application of the comparability factor (1.09), the resultant figure is 17.55. The national rate was 18.0, the highest since 1947.

There were 337 illegitimate live births in 1962, comprising 5.28% of all live births. This shows an increase of 0.69% on the figure for the previous year.

The distribution of births amongst the county districts is shown in Table 1.

BIRTHS AND INFANTILE MORTALITY

TABLE 1.

County district				Population 30.6.62	Live births			Still-births			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age			Deaths of infants under 1 wk. of age		
					Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total
MUNICIPAL BOROUGHS—																			
King's Lynn				27,460	465	33	498	12	2	14	7	2	9	5	2	7	3	1	4
Thetford				5,920	158	6	164	5	1	6	4	—	4	2	—	2	2	—	2
				33,380	623	39	662	17	3	20	11	2	13	7	2	9	5	1	6
URBAN DISTRICTS—																			
Cromer				4,780	65	7	72	2	1	3	1	1	2	1	1	2	1	1	2
Diss				3,660	74	5	79	—	—	—	2	—	2	2	—	2	1	—	1
Downham Market				2,850	47	4	51	1	—	1	3	—	3	2	—	2	2	—	2
East Dereham				7,250	91	11	102	2	1	3	1	—	1	1	—	1	1	—	1
Hunstanton				4,900	113	9	122	—	—	—	1	—	1	—	—	—	—	—	—
North Walsham				5,000	67	2	69	3	—	3	—	—	—	—	—	—	—	—	—
Sheringham				4,600	59	4	63	2	—	2	—	1	1	—	—	—	—	—	—
Swaffham				3,220	54	4	58	1	—	1	—	—	—	—	—	—	—	—	—
Wells-next-the-Sea				2,450	30	2	32	—	—	—	2	1	3	2	1	3	2	1	3
Wymondham				5,940	68	2	70	2	—	2	—	—	—	—	—	—	—	—	—
				44,650	668	50	718	13	2	15	10	3	13	8	2	10	7	2	9
RURAL DISTRICTS—																			
Blofield and Flegg				35,340	432	28	460	8	—	8	5	1	6	4	1	5	4	1	5
Depwade				17,470	206	11	217	5	—	5	3	—	3	2	—	2	2	—	2
Docking				18,500	273	18	291	3	—	3	3	2	5	2	2	4	1	2	3
Downham				25,580	426	26	452	6	—	6	5	—	5	5	—	5	5	—	5
Erpingham				18,660	239	9	248	3	—	3	1	—	1	1	—	1	1	—	1
Forehoe and Henstead				27,270	410	26	436	7	1	8	6	1	7	4	1	5	3	1	4
Freebridge Lynn				12,180	199	12	211	2	—	2	6	1	7	4	1	5	3	1	4
Loddon				12,260	170	14	184	5	—	5	2	1	3	1	—	1	—	—	—
Marshland				17,170	249	17	266	4	—	4	1	—	1	1	—	1	—	—	—
Mitford and Launditch				17,970	243	14	257	6	1	7	2	—	2	1	—	1	1	—	1
St. Faith's and Aylsham				46,890	860	26	886	13	1	14	2	2	4	2	2	4	2	2	4
Smallburgh				17,320	204	11	215	5	—	5	4	2	6	3	2	5	2	2	4
Swaffham				9,140	164	15	179	1	—	1	2	1	3	1	1	2	1	1	2
Walsingham				22,390	333	9	342	6	—	6	6	—	6	6	—	6	4	—	4
Wayland				20,040	342	12	354	3	—	3	7	—	7	2	—	2	2	—	2
				318,180	4750	248	4998	77	3	80	55	11	66	39	10	49	31	10	41
ADMINISTRATIVE COUNTY				396,210	6041	337	6378	107	8	115	76	16	92	54	14	68	43	13	56



Still Births

The still birth rate of 17.71 shows an increase of 2.08 on the previous year, but is lower than the national rate of 18.1.

Infantile Mortality

There were 92 deaths of children under the age of one year. The resultant rate of 14.42 shows a decrease of 4.91 on the previous year and is considerably lower than the national figure of 21.4.

56 of these deaths were perinatal deaths, occurring in the first week of life, and 12 more occurred in the first four weeks of life, both figures together accounting for 74% of the total.

Maternal Mortality

There were no maternal deaths.

Deaths

Death rate per 1,000 of the estimated population ... 12.06

During 1962 there were 4,780 deaths and the death rate was 0.24 lower than the previous year. The application of the comparability factor of 0.88 gives a rate of 10.61 which is lower than the England and Wales rate of 11.9.

52% of the deaths were of persons 75 years of age or over (see Table 2).

The cancer death rate per 1,000 of the population was 2.03 and the age distribution of deaths was as follows:—

	0—	1—	5—	15—	25—	45—	65—	75—	Total
Males	—	—	—	3	8	154	132	152	449
Females	1	—	2	1	10	118	103	120	355
	—	—	—	—	—	—	—	—	—
	1	—	2	4	18	272	235	272	804
	—	—	—	—	—	—	—	—	—

The following figures show the relation of deaths from cancer of the lung and bronchus to total cancer deaths during the last decade:—

Year	Cancer death rate per 1,000 population	Lung and bronchus— % of all cancer deaths
1953	1.86	11.17
1954	2.12	13.03
1955	1.97	13.90
1956	1.88	17.62
1957	2.01	14.54
1958	1.84	16.71
1959	2.13	16.27
1960	2.04	17.37
1961	1.92	19.18
1962	2.03	18.66

There were 15 deaths from tuberculosis, all due to respiratory forms of the disease.

The following table shows, as percentages of all deaths, the deaths in various age groups during the last 20 years :—

Year	Deaths by Age Groups							
	0—	1—	5—	15—	25—	45—	65—	75—
1943	5.8	1.6	1.2	6.6		18.4	66.4	
1944	5.7	1.4	1.5	7.1		18.0	66.3	
1945	6.1	1.2	1.3	6.5		18.7	66.2	
1946	5.1	0.9	0.8	6.3		17.5	69.4	
1947	5.9	0.5	0.8	5.4		17.4	69.9	
1948	4.9	1.0	0.7	6.2		18.3	68.9	
1949	3.9	0.8	0.6	5.1		16.7	72.9	
1950	3.6	0.7	0.7	1.1	4.0	17.3	24.5	48.1
1951	3.5	1.0	0.8	1.4	3.5	16.5	24.3	49.0
1952	3.8	0.4	0.6	1.1	3.5	17.2	24.7	48.7
1953	3.5	0.6	0.7	1.0	4.3	17.1	24.4	48.4
1954	2.7	0.5	0.7	1.6	2.9	16.4	25.9	49.1
1955	2.4	0.4	0.5	0.9	3.1	16.8	25.7	50.2
1956	2.3	0.4	0.5	1.2	2.8	16.6	25.6	50.6
1957	2.9	0.4	0.5	1.1	2.7	17.8	24.6	50.0
1958	2.5	0.3	0.6	1.2	2.4	17.2	24.8	51.0
1959	2.5	0.4	0.6	0.8	2.7	16.5	25.2	51.3
1960	2.2	0.4	0.5	1.1	2.7	17.9	24.0	51.2
1961	2.6	0.4	0.6	0.8	2.5	16.2	23.5	53.4
1962	1.9	0.2	0.6	1.0	2.3	18.0	24.2	51.8

II. CARE OF MOTHERS AND YOUNG CHILDREN

Maternity Accommodation

During 1962, 48.5% of confinements of mothers resident in the administrative county took place in hospital. As the number of available beds was insufficient to meet the demand, the Council's health visitors were asked, at the request of the hospitals concerned, to investigate the circumstances of 816 cases which had been referred for hospital confinement on other than medical grounds and in 620 cases a hospital confinement was recommended.

Unmarried Mothers

Moral welfare workers employed by the Norwich and Ely Diocesan Councils follow up these cases on behalf of the County Council and grants paid for their services cover approximately one-third of the expenditure incurred by the Diocesan Councils. 153 Norfolk cases (4 less than in 1961) were helped by the moral welfare workers during the year.

35 cases (10 less than in 1961) were admitted to mother and baby homes, the County Council paying the balance of maintenance fees after deducting contributions received from other sources.

DEATHS BY AREAS AND AGE GROUPS.

TABLE 2.

Cause of death	Municipal Boroughs		Urban Districts										Rural Districts														Total	Age at death								
	King's Lynn	Thetford	Cromer	Diss	Downham Market	East Dereham	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham	Smallburgh	Swaffham	Walsingham		Wayland	0—	1—	5—	15—	25—	45—	65—	75—
Tuberculosis, respiratory	2	—	—	—	—	—	—	—	—	—	—	—	2	—	1	1	—	2	—	2	—	—	1	—	—	1	—	12	—	—	—	—	—	7	4	1
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	3	—	—	—	—	1	1	2	
Syphilitic disease	—	1	—	—	—	1	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	2	—	—	—	7	—	—	—	—	—	3	2	2	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Measles	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	
Other infective and parasitic diseases	1	—	1	—	—	1	1	1	—	—	—	1	2	—	1	1	1	1	—	—	—	—	1	2	—	1	1	17	—	—	—	1	4	5	3	4
Malignant neoplasm, stomach	13	—	4	3	1	2	2	1	2	2	—	1	11	2	9	6	5	2	3	4	6	6	7	5	3	6	4	110	—	—	—	—	2	33	33	42
Malignant neoplasm, lung, bronchus	8	1	4	3	3	5	—	4	2	3	—	2	18	6	5	5	9	9	1	5	4	6	15	10	4	8	10	150	—	—	—	—	—	73	52	25
Malignant neoplasm, breast	9	1	—	2	—	2	—	1	3	1	—	1	8	2	4	2	2	6	—	1	2	4	9	5	1	6	6	78	—	—	—	—	2	34	24	18
Malignant neoplasm, uterus	2	—	—	1	—	—	1	—	—	—	—	—	4	2	1	1	1	4	1	1	—	—	4	1	—	1	2	27	—	—	—	—	4	12	3	8
Other malignant and lymphatic neoplasms	29	11	9	7	1	13	5	5	5	1	4	10	46	23	21	20	22	33	9	12	13	22	48	27	7	21	15	439	1	—	2	4	10	120	123	179
Leukæmia, aleukæmia	2	—	—	—	1	1	—	—	1	—	—	1	—	—	—	1	1	3	—	—	—	1	2	—	—	—	1	15	—	2	—	1	2	6	3	1
Diabetes	1	1	—	—	—	—	2	—	—	—	1	1	4	—	2	2	—	3	2	—	—	2	6	1	—	3	1	33	—	—	1	—	1	7	9	15
Vascular lesions of nervous system	69	15	18	6	5	18	12	12	12	9	3	18	80	40	40	34	40	52	25	21	24	24	77	32	17	36	40	779	—	—	—	—	5	98	195	481
Coronary disease, angina	50	12	29	10	7	22	17	7	11	9	6	13	69	38	34	40	47	55	23	35	26	30	83	46	23	27	41	810	—	—	—	—	4	169	265	372
Hypertension with heart disease	2	—	1	1	—	—	2	—	—	—	—	2	13	—	1	2	3	5	2	2	1	5	4	3	—	3	5	57	—	—	—	—	—	3	14	40
Other heart disease	16	23	9	6	3	19	12	9	30	3	2	9	116	25	27	23	42	72	11	22	9	54	93	32	7	38	37	749	—	—	—	3	5	57	130	554
Other circulatory disease	12	1	2	2	4	6	3	3	—	1	—	—	19	10	9	8	11	32	6	6	7	10	16	8	7	6	15	204	—	—	—	—	9	25	41	129
Influenza	18	—	—	—	2	1	1	—	—	5	—	—	1	1	5	6	1	—	5	—	1	4	2	—	1	2	—	56	—	—	1	—	—	3	11	41
Pneumonia	20	4	10	3	6	7	1	1	6	1	1	6	58	15	20	13	11	22	8	10	5	19	38	16	7	3	16	327	12	2	4	2	6	28	60	213
Bronchitis	13	4	3	1	2	2	2	1	1	2	2	4	22	12	8	10	13	18	4	5	9	10	18	3	5	7	7	188	1	—	—	—	3	34	59	91
Other diseases of respiratory system	4	—	1	—	4	2	—	—	—	1	—	—	3	1	2	1	1	—	—	1	2	3	4	1	1	1	1	34	—	—	—	1	1	6	11	15
Ulcer of stomach and duodenum	2	2	—	—	1	1	2	1	1	—	1	—	4	2	1	3	—	2	—	1	3	4	2	4	1	4	2	44	—	—	—	—	—	13	12	19
Gastritis, enteritis and diarrhœa	1	1	—	—	—	—	—	—	—	—	—	—	—	1	2	2	1	—	—	—	2	—	1	1	—	—	1	13	1	—	—	—	1	4	3	4
Nephritis and nephrosis	2	1	1	—	—	—	—	—	—	—	—	—	5	1	—	1	—	—	1	1	1	—	5	1	1	2	3	27	1	—	—	—	1	8	10	7
Hyperplasia of prostate	3	—	—	—	—	—	—	1	—	—	—	—	2	2	1	1	3	5	—	—	—	1	—	—	2	4	2	31	—	—	—	—	—	1	6	24
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations	2	—	1	1	1	—	1	—	—	—	1	—	1	2	2	1	—	5	2	4	—	2	3	1	1	4	1	36	23	1	2	1	2	5	1	1
Other defined and ill-defined diseases	25	7	4	2	7	8	5	8	6	3	7	1	44	18	13	16	17	19	15	8	9	17	25	19	5	18	9	335	52	—	7	6	19	54	59	138
Motor vehicle accidents	7	—	—	—	1	—	1	1	1	1	—	2	1	5	4	5	3	3	—	1	—	5	9	1	3	2	6	62	—	—	6	20	12	12	7	5
All other accidents	9	2	3	—	1	2	1	2	1	1	1	1	9	2	4	4	6	8	4	2	5	4	5	4	2	6	1	90	1	5	5	5	9	14	8	43
Suicide	2	—	—	—	—	4	1	1	1	—	—	—	2	1	2	1	2	4	—	—	—	—	—	—	—	—	—	44	—	—	—	2	9	24	6	3
Homicide and operations of war	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—
All causes	325	87	100	48	52	117	72	60	83	43	30	73	546	211	219	211	243	367	122	144	133	236	495	225	99	211	228	4780	92	11	29	47	111	859	1154	2477

Care of Premature Infants

347 premature live births (6 less than in 1961) were notified as follows:—

Born in hospital	212
Born and entirely nursed at home	96
Born at home and transferred to hospital	36
Born and nursed at private nursing homes	2
Born at private nursing home and transferred to hospital	1
					<hr/> 347 <hr/>

307 of these infants survived 28 days.

60 premature still births (11 more than last year) were notified, 44 occurring in hospital and 16 at home.

The three Queen Charlotte type oxygen tents at King's Lynn, Dereham and Norwich, kept for use in domiciliary cases were not needed during the year and have not been used since 1957.

Ante-Natal and Post-Natal Arrangements

No ante-natal or post-natal clinics are provided by the Council. The Council has a scheme under the Midwives Act, 1936, whereby ante-natal and post-natal examinations are carried out by general medical practitioners but this scheme is seldom utilised as expectant and nursing mothers now receive attention through the maternity medical services provided under Part IV of the National Health Service Act, 1946.

Mothercraft classes were held at 31 centres during the year and attendances numbered 7,252 (64 less than in 1961).

Infant Welfare Centres

Centres where the average attendance of children per session is 25 or more are attended regularly by medical officers and the others are visited periodically. Attendances are reviewed annually and where the average is less than 10, the centres are closed unless there are special circumstances to justify keeping them open. On the other hand, new centres are opened where these are felt to be necessary. 3 centres were closed and 4 new centres were opened during the year and, at the end of the year, 216 sessions per month were being held at 185 centres.

It will be noticed from the figures given below (1961 figures in brackets) that there were increases in the numbers of children attending and in the attendances, compared with the preceding year. As a matter of fact, these figures have increased steadily year by year from 1958, following a decline in the period 1955-1957. It is felt that this is largely due to the attendance of children for vaccination and immunisation against various diseases, particularly poliomyelitis.

First attendances of children under one year of age 4,116 (3,926)

Number of children who attended and were born in:—

1962	3,624
1961	3,620
1960-57	4,820
					<hr/> 12,064 <hr/>

Total attendances ... 62,065 (57,705)

In addition, centres for Service families were held at 8 R.A.F. Stations. The Council's health visitors attended and the Station Medical Officers were usually present. 499 children made 2,057 attendances.

Welfare Foods

The Council's scheme for the provision of welfare foods and medicaments was reviewed and it was decided that the number of preparations should be considerably reduced and that those normally available should be the following:—

Cow and Gate Full Cream
Ostermilk No. 2
Humanised Trufood
Adexolin
Virol

It was also decided that, as from 1st October, 1962, a 10% handling charge should be added to the charges for welfare foods which had hitherto been sold at cost price.

In July, the Ministry of Health suggested that the provision of "medicaments" or "vitamin supplements" by local health authorities free of charge when recommended on medical grounds should be reviewed as statutory charges were made for medicines supplied on prescription under Part IV of the Act and vitamin supplements provided under the Welfare Foods Orders were sold at cost price. Accordingly, the Norfolk "medicaments" were brought within the welfare foods range and all are now sold at cost price plus a 10% handling charge.

National welfare foods are available at 30 infant welfare centres and 199 voluntary distribution points as well as at local health offices. The following table indicates the extent to which the issue of these foods has declined during the last five years:—

		National Dried Milk	Cod Liver Oil	A & D Tablets	Orange Juice
1957	...	135,225	35,266	15,832	250,151
1958	...	95,754	23,042	14,853	167,018
1959	...	84,002	22,567	15,703	169,168
1960	...	63,739	21,224	15,933	156,804
1961	...	54,727	15,087	13,036	99,258
1962	...	47,713	6,851	8,624	60,274

During this period there have been increases in the price of National Dried Milk (in 1958) and in Cod Liver Oil and Orange Juice (1961). It was also decided in 1958 to reduce the age up to which children were eligible for orange juice from 5 years to 2 years. These factors are undoubtedly mainly responsible for the much reduced take-up. On the other hand, it is very doubtful if there is still the same need for this scheme as formerly.

Dental Treatment

The Chief Dental Officer reports:—

"The summer of 1962 marked the retirement of my predecessor, Mr. Percy Millican. He served the authority faithfully for 42 years in the dental service. Apart from a distinguished career in his profession, Mr. Millican was a most eminent archaeologist and much sought after for his historic knowledge. He will be sadly missed at the County Offices but we all wish him a long and well-earned happy retirement.

The staffing situation of dental officers during the year showed a net loss of one over 1961. At the end of the year the whole-time equivalent of dental officers was 7.8, the required establishment being at least 13.

Treatment was carried out in the county council clinics, where the dental officers spend the bulk of their time attending to the school population.

The number of inspections, which is tabulated below, shows a remarkable and alarming decrease from previous years. This decrease cannot be attributed to improved dental health as there is ample evidence to show that there must be abundant numbers of expectant and nursing mothers, plus pre-school children, in need of dental treatment.

With regard to the mothers, they are now able to obtain free treatment from the General Dental Service and, as found in the dental services of many other local authorities, this category of patient now tends to seek attention from private practitioners. Over a period of time it would seem that there will be a big drift of mothers to private practices where they can now benefit from continuous care and eliminate the embarrassment of being passed from local authority to practitioner when baby is one year old.

The drop in the numbers of pre-school children is no doubt connected with the fall in the number of mothers as many small children are introduced to dental treatment when accompanying their mothers to the clinic. However, I feel that this means of reference, plus the loss of staff, does not altogether explain the great decrease in the number of pre-school children seen. Undoubtedly there is need for a concerted effort on the part of all members of the medical and dental staff to bring about a steady flow of pre-school children for dental inspection. Early inspection and treatment of these "under 5's" would eliminate many of the dental defects seen in the early years of school life, and, at the same time, enable them to accept a visit to the dentist as a normal everyday occurrence."

(a) Numbers provided with dental care

Category	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers	75	72	63	53
Children under five ...	35	35	35	35

(b) Forms of dental treatment provided

Category	Scalings and gum treatment	Fill-ings	Silver nitrate treatment	Crowns or inlays	Extrac-tions	General anaes-thetics	Dentures provided		Radio-graphs
							Full upper or lower	Partial upper or lower	
Expectant and nursing mothers	13	105	—	—	223	15	11	34	1
Children under five	—	8	44	—	73	8	—	—	—

Nurseries and Child Minders' Regulation Act, 1948

Visits have been paid by the medical staff to the 9 daily minders caring for a total of 70 children, and to the 4 premises providing facilities for 125 children, registered with the Council.

Family Planning

Local branches of the Family Planning Association hold clinics at Norwich, King's Lynn and Gt. Yarmouth where Norfolk residents can attend for advice. A few also attend a clinic at Cambridge which is organised by the Cambridge Women's Welfare Association. Financial assistance is given by the Council when this appears to be justified.

Phenylketonuria

Routine urine tests have been carried out by the health visitors on 7,266 infants at three and six weeks of age. One case of phenylketonuria was detected and referred to the consultant paediatrician.

Infant Methaemoglobinaemia

The policy of examining water supplies from wells and bores used for infant feeding to determine their nitrate content was continued. This is the twelfth year the scheme has been in operation. The bulk of the examinations were carried out in the office of the County Public Health Engineer and it was necessary to submit to the Public Analyst only those borderline specimens requiring more detailed examination.

Investigations were made where the existing supplies were considered unsatisfactory for infant feeding and the parents advised to use nearby satisfactory alternative supplies for their infants' needs. Many of these alternative supplies had to be sampled and examined before they could be recommended.

One infant was admitted to the Jenny Lind Hospital in a cyanosed condition, the unsatisfactory home supply from a shallow well having been used in its feeds. The infant, however, made a good recovery after hospital treatment, a satisfactory alternative supply being provided.

The reduction in the number of samples submitted (1961 figures in brackets) is the result of the continued extension of piped water supplies.

The following table shows the work done:—

Number of initial samples submitted by District Nurses and Health Visitors	399	(475)
Number of examinations carried out in County Public Health Engineer's Office	445	(518)
Number of samples sent to Public Analyst for a more detailed examination	108	(100)
Number of supplies classified as satisfactory	236	(314)
Number of supplies classified as unsatisfactory	163	(161)
Number of children cyanosed	1	(—)

Ascertainment of Deafness in Young Children

40 members of the Council's health visiting staff have now received instruction in the screen-testing of babies and young children for deafness from lecturers appointed by the Department of Audiology and Education of

the Deaf at the Manchester University. A further 12 health visitors will receive instruction during 1963, and it is hoped that eventually all such members of the staff will become qualified.

In conjunction with this instruction, the Council's notification of birth card has been amended to include a questionnaire covering nine of the categories involving circumstances at or before birth which may place the infant at risk of subsequent complications. Upon receipt of a notification card giving a positive answer to one or more of the questions, a health visitor trained in the ascertainment of deafness follows up the case.

Liaison also exists with neighbouring local health authorities to cover cases where Norfolk women are confined in their areas and vice versa.

III. NURSING STAFF

As the majority of the nursing staff employed by the Council are engaged in more than one service it is considered advisable to look at the position as a whole.

At the end of the year the situation was as follows:—

	Whole-time staff	Part-time staff
<i>Supervisory Staff</i>		
Superintendent Nursing Officer	1	—
Deputy Superintendent Nursing Officer	1	—
Assistant Superintendent Nursing Officers	3	—
	—	—
	5	—
	—	—
<i>Other Staff</i>		
Midwifery only	18	—
Home nursing only	16	2
Midwifery and home nursing	54	10
Midwifery, home nursing and health visiting	31	—
Midwifery, home nursing, health visiting and school nursing	28	—
Health visiting and school nursing	24	—
School nursing only	2	1
Tuberculosis health visiting only	2	—
	—	—
	175	13
	—	—

The supervisory staff act as non-medical supervisors of midwives and are responsible for the supervision of all nursing staff except the 2 tuberculosis health visitors who work in close co-operation with the chest physicians and under their direction.

The figures include 2 whole-time and 12 part-time temporary relief staff who were employed at the end of the year but not 2 nurses on health visitor training courses.

Compared with the previous year, the number of whole-time staff increased by 4 and of part-time staff by 5. At the end of the year there were 17 vacancies as follows:—

Midwifery and home nursing	6
Midwifery, home nursing and health visiting	4
Midwifery, home nursing, health visiting and school nursing	3
Health visiting and school nursing	4
	—
	17
	—

Staffing requirements during the next 10 years have been under consideration in preparing plans for the development of the health services and it is proposed to increase the staff as follows:—

	1962/63	1966/67	1971/72
Supervisory Staff	5	5	5
Midwives and home nurses (including those who also undertake health visiting and school nursing duties) ...	160	165	180
Health visitors and school nurses ...	30	35	40
Tuberculosis health visitors ...	2	2	2
	<hr/>	<hr/>	<hr/>
	197	207	227
	<hr/>	<hr/>	<hr/>

Training and Refresher Courses

5 health visitor students commenced their training during 1962 with financial help from the Council.

Reference was made in last year's Report to the suggestion of the Queen's Institute of District Nursing that the Council should start a training scheme for district nurses. The first three months' course started in May with 8 nurses already employed by the Council and all were successful in passing the examination. Nine more Norfolk nurses attended the second course which commenced in September and again these were all successful. Preference is being given to the training of the Council's staff and nurses who are prepared to accept employment with the Council, but consideration will be given to accepting, with suitable financial arrangements, staff sponsored by other authorities and private students.

Three other Norfolk nurses were sent for their district training to a course organised by another authority. This was done before the arrangements for the Norfolk courses had been settled but should not be necessary in the future.

Other courses attended by nursing staff during the year were:—

Post-certificate courses for supervisors of midwives ...	2
Refresher courses for midwives	32
Refresher courses for district nurses	7
Post-certificate courses for health visitors	4

Houses for Midwives and Home Nurses

5 new houses at Aylsham, Dereham, King's Lynn (2) and Wymondham were completed and occupied during the year and tenders for 5 houses at Brundall, South Creake, Gayton, Hunstanton and Rocklands were accepted. The Council's policy is to continue to build houses for the use of nurses appointed to those areas where their predecessors have provided their own accommodation, as otherwise it has been found almost impossible to fill the vacancies.

Whole-time permanent staff were, at the end of the year, accommodated as follows:—

	No. of Houses	No. of Staff
Houses owned by County Council ...	52	55
Houses hired by County Council ...	23	24
Accommodation provided by staff ...	66	66

In addition to the 52 Council-owned houses referred to above, the Council also owns 9 others, viz.,

- 6 unoccupied because of vacancies
- 3 not at present required for midwives or home nurses and occupied by 4 health visitors.

Another house hired by the Council was also unoccupied at the end of the year because of a vacancy.

8 of the houses owned or hired by the Council and occupied by nursing staff at the end of the year were furnished either in whole or part.

Transport

All nursing staff are encouraged to provide their own cars for official duties, if necessary with the help of loans made by the Council. If, however, they prefer the Council to provide the cars, this is done for midwives and home nurses but not for other nursing staff. At the end of the year the Council was providing 37 cars.

IV. MIDWIFERY

Supervision of Midwives

The County Council is responsible for the general supervision of all midwives practising within the administrative county and this duty is carried out by the Council's supervisory nursing staff, acting as non-medical supervisors. In 1962, 224 midwives gave notice of their intention to practice in the county and 39 ceased to practice, leaving a net figure of 185 at the end of the year (2 more than at the end of 1961) as follows:—

<i>Institutional</i>			
Hospitals	24
Nursing homes	6
			— 30
<i>Domiciliary</i>			
Local health authority		...	147
Private practice	8
			—155
			185

Emergency Medical Aid

There was a slight increase in the number of domiciliary cases in which medical aid was summoned under the Midwives Act, 1951. Comparative figures for the past four years are:—

Domiciliary :	1959	1960	1961	1962
(i) Maternity service cases under Part IV of the Act
(ii) Midwifery cases — doctor not booked
	317	300	228	252
	10	3	1	1
	—	—	—	—
	327	303	229	253

Confinements

For a number of years there has been a slow but steady decline in the number of domiciliary confinements attended by midwives acting either as midwives or maternity nurses, and this tendency has continued. Comparative

figures for domiciliary and institutional confinements for the past three years are as follows:—

Domiciliary confinements:	1960	1961	1962
Midwifery/maternity cases (doctor not present)	1,939	1,748	1,672
Maternity cases (doctor present) ...	1,281	1,445	1,442
	<hr/> 3,220 <hr/>	<hr/> 3,193 <hr/>	<hr/> 3,114 <hr/>
Institutional confinements—			
Regional Hospital Board establishments	1,308	1,451	1,541
Private establishments	101	99	103
	<hr/> 1,409 <hr/>	<hr/> 1,550 <hr/>	<hr/> 1,644 <hr/>
Grand totals ...	<hr/> 4,629 <hr/>	<hr/> 4,743 <hr/>	<hr/> 4,758 <hr/>

The above figures relate to confinements occurring within the area of this local health authority and include some mothers normally resident in other areas. However, a large number of Norfolk mothers, particularly those requiring maternity accommodation, are confined in the areas of other local health authorities, e.g., Norwich. These factors account for the marked difference between the above figures and the numbers of births on page 10.

Visits made by County Council midwives—	1960	1961	1962
Maternity and midwifery	65,428	63,403	62,013
Ante- and post-natal	40,878	40,695	39,660

In addition, 1,185 visits were paid to 130 cases who miscarried and 13,289 visits were made to 2,397 mothers confined in institutions and discharged before the tenth day.

Analgesia

All midwives employed by the Council and 1 midwife in private practice were qualified to administer gas and air analgesia. 149 sets of apparatus were available for Council midwives who administered gas and air to 2,787 cases (1,204 maternity and 1,583 midwifery), 116 less than in the previous year. 5 cases were dealt with by domiciliary midwives in private practice.

Pethidine was administered in 2,036 cases (745 maternity and 1,291 midwifery) attended by Council midwives and in 5 cases attended by midwives in private practice.

Resuscitation

128 Sparklet portable infant resuscitators were available for use by the Council's midwives.

Ophthalmia Neonatorum

5 cases (4 domiciliary and 1 institutional) were notified. In no case was there any apparent impairment of vision.

Puerperal Pyrexia

7 cases (5 domiciliary and 2 institutional) occurred during the year.

V. HEALTH VISITING

24 whole-time health visitors (who also undertook school nursing duties) were employed and, in addition, there were 59 combined district nurse, midwife, health visitor appointments (28 of these also do school nursing) serving rural areas of the county. The equivalent in terms of whole-time staff was 41 (including 2 tuberculosis health visiting and 9 school nursing duties) i.e. 1 per 9,660 of the population compared with 1 per 4,300 suggested in "An Inquiry into Health Visiting" issued by the Ministry of Health in 1956.

The "all-purpose" nurse is of great value in the more sparsely populated areas, carrying out general visitation of whole families. There is also the considerable advantage of nursing areas being much more compact than would be possible with specialised staff. Few, if any, of these "all-purpose" areas coincide with the practices of general medical practitioners, but a close relationship is readily formed between doctor and nurse to the general advantage of the residents. Even in the urbanised parts, the areas of full-time health visitors do not coincide with medical practitioner practices, but close liaison has been established. The health visitors take an active part in emphasising the value of preventive medicine, do all they can to encourage health education generally by talks to individuals and to groups and branches of the various voluntary organisations, and introduce and develop mothercraft classes. The health visitors also continue to play an important part in promoting the welfare of the elderly through old people's clubs and home visitation.

In general, patients discharged from hospital are referred to the district nurses, although the services of the health visitors are available for any special problems which may arise and for special cases.

The Children's Officer is the co-ordinating officer for problem families and arranges regular case conferences in all areas. The conferences are attended by all field staff concerned, including the health visitors. Health visitors play an important part in the concerted efforts of the Health, Welfare and Children's Committees, in collaboration with the housing authorities, in preventing the break-up of these problem households.

Health visiting duties undertaken during the past five years are summarised in the following table:—

Year.		Ante-natal visits.	First visits to children under 1 year.	Total visits to children 0—5 years.	Total visits.
1958	...	34,811	6,933	96,084	130,895
1959	...	31,083	6,257	86,513	117,596
1960	..	33,909	6,773	93,018	126,927
1961	...	*1,827	6,980	96,884	98,711
1962	...	*1,533	7,266	89,498	94,757

* Prior to 1961 the ante-natal visits to expectant mothers by nurses holding combined appointments as district nurse, midwife and health visitor were included in this column. They are now included in the midwifery section of the report.

A total of 17,123 families was visited during the year.

VI. HOME NURSING

Comparative figures for cases visited and visits paid in each of the last three years are:—

	No. of cases			No. of visits		
	1960	1961	1962	1960	1961	1962
Medical ...	4,999	4,912	4,702	100,950	103,455	97,367
Surgical ...	2,562	2,353	2,019	37,650	34,982	30,806
Tuberculosis ...	36	27	25	2,547	1,322	1,128
Other infectious diseases ...	22	13	10	126	281	41
Maternal complications	69	81	46	526	704	332
Others ...	707	174	57	5,055	2,251	1,490
Totals ...	8,395	7,560	6,985	146,854	142,995	131,164

3,693 patients were over 65 years of age and 82,263 of the visits were made to these cases.

988 patients each received more than 24 visits during the year.

VII. VACCINATION AND IMMUNISATION

Vaccination against Smallpox

The occurrence of cases of smallpox in various parts of England and Wales during December, 1961, and in the early months of 1962, gave rise to a sharp increase in the demand for vaccination.

As a result, the Health Committee decided that fees would no longer be paid to general medical practitioners in respect of reports received of primary vaccination or re-vaccination of persons over 16 years of age.

Comparative figures for the last 3 years are given below :—

Year	Primary Vaccination				Total	Re-vaccination
	Under 1 year	1-4 years	5-14 years	15 years & over		
1960 ...	2,689	405	125	262	3,481	742
1961 ...	2,908	503	184	310	3,905	790
1962 ...	3,175	1,370	2,970	3,650	11,165	7,981

Vaccination or re-vaccination is usually carried out by the family doctor although a few children are dealt with by the medical officers at infant welfare centres at the request of the parents.

Immunisation against Diphtheria

The immunity index, as calculated by the Ministry of Health, at 31st December, 1962, was 59% compared with 56% at the end of 1961 and 54% for England and Wales.

This figure shows a gradual improvement but cannot yet be regarded as satisfactory in spite of sustained efforts on the part of the medical and nursing staffs to persuade parents to accept protection from this serious but preventable disease. It certainly seems more sensible for the general public to accept protection as a routine, rather than demand panic measures in the event of an outbreak. Sustained publicity in the national press and on radio and television, sponsored by the Ministry of Health, would seem to be the only effective method of alerting a normally indifferent public.

The County Council supplies the antigen either singly or in combination with the pertussis and/or tetanus antigens. Immunisation should be completed by the time the infant is a year old and, where the combined diphtheria, pertussis, tetanus antigen is utilised, the course should be started at 2-3 months of age to provide maximum protection against whooping cough. The immunisation of young children is carried out by the family doctor or by the medical officer at the infant welfare centre according to the wishes of the parents. For children of school age, primary and booster injections are usually given by the Council's medical staff.

Comparative figures of children immunised during the past three years are given below:—

Year	Under 1 year	Primary		Total	Re-inforcing Injections		Total
		1-4 years	5-14 years		1-4 years	5-14 years	
1960	... 3,393	1,576	2,227	7,196	352	9,230	9,582
1961	... 1,522	4,063	2,400	7,985	744	8,257	9,001
1962	. 1,529	2,991	1,174	5,694	551	4,417	4,968

Immunisation against Whooping Cough

Protection from whooping cough is usually provided by the use of the triple antigen, referred to above, although a separate whooping cough antigen and one combined with diphtheria are available where necessary.

Comparative figures of children protected during the past three years are :—

Year	Under 5 years	Over 5 years	Total
1960	... 4,649	513	5,162
1961	... 5,376	452	5,828
1962	... 4,466	201	4,667

Immunisation against Tetanus

Particulars of tetanus immunisation have been given in previous reports. Comparative figures for the past three years are:—

Year		Primary Immunisation		Booster Injections	Total
		0-15	16 and over		
1960	...	15,852	5,436	1,345	22,633
1961	...	18,324	3,792	1,800	23,916
1962	...	9,921	4,191	2,028	16,140

One case of tetanus occurred in the county during the year and the patient recovered. It is estimated that 55% of children up to 15 years of age are fully protected.

Vaccination against Poliomyelitis

Early in 1962 the Ministry of Health introduced a new type of vaccine (Sabin) which could be administered orally, the dose being placed on a lump of sugar or in syrup. This vaccine required special deep freeze storage but later in the year a more stabilised preparation became available which could be stored in an ordinary domestic type refrigerator. Limited quantities of the Salk type vaccine, administered by injection, were also available through the Ministry.

With the introduction of the oral vaccine, a series of public vaccination sessions were arranged in co-operation with the general medical practitioners in the county and in liaison with the Education Committee. These public sessions were very successful but the vaccine supply position nationally made it necessary to terminate this public campaign.

During the year, 15,574 persons completed full courses of vaccination with the oral vaccine and a further 3,174 with the old type. In addition, 9,136 received third doses of oral vaccine after two doses of Salk and 9,133 were given third doses of Salk vaccine to complete courses started in the previous year.

At the end of 1962 the total number of persons in the eligible age groups (those under 40 years of age) who had completed full courses of poliomyelitis vaccination was 142,788, approximately 70%.

VIII. AMBULANCE SERVICE

Ambulances

There has been no change in the arrangements for this service. There was a slight decrease in the number of patients conveyed, the first for many years, but this was more than offset by an increase in the average miles per case from 22.0 to 23.3. The ascertained running costs also increased from 2/2d. to 2/4d. per mile.

Comparable figures for the past five years are:—

				Patients	Mileage
1958	12,397	287,888
1959	13,560	310,658
1960	14,345	319,364
1961	15,549	342,568
1962	15,515	362,740

Reciprocal arrangements with neighbouring authorities enable patients discharged from hospitals to be conveyed in returning vehicles, thereby saving mileage and reducing costs.

Car Service

Reference was made in the 1960 report to the revised arrangements made for centralised control of car service journeys. These arrangements have continued to work most satisfactorily. 48 hours' notice is necessary to ensure the fullest possible co-ordination of journeys, and we are grateful to the general medical practitioners and the hospitals for their co-operation. Inevitably, however, urgent cases do arise for which the usual notice cannot be given.

The average miles per case showed an increase from 20.4 in 1961 to 21.6 in 1962 but the value of the revised arrangements can be illustrated by comparing the 1959 and 1962 figures. 9,077 more patients were conveyed but the mileage increase was only 17,102.

The service is intended to convey only those patients who are unfit on medical grounds to travel by public transport. Non-availability of public transport does not in itself qualify a person for car service transport, and the National Assistance Board is able to assist necessitous cases with the hire of private transport in the same way as with fares for public transport. Nevertheless, there is an increasing tendency for patients, not eligible for car service transport for medical reasons, to make application for such transport because of the inadequacy or lack of public transport, and the closing of railway stations and lines and reductions in public road services must be regarded as some of the reasons for the continual rise in the number of patients conveyed by the car service, and the rising costs.

Figures for the past five years are:—

				Patients	Mileage
1958	50,110	1,248,963
1959	52,219	1,309,762
1960	54,891	1,269,120
1961	57,942	1,182,545
1962	61,296	1,326,864

IX. PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The scheme for the B.C.G. vaccination of school children has continued unchanged; 4,213 were skin tested and 3,192 of the 3,250 found to be negative were vaccinated.

Comparative figures of new cases notified during the past five years are:—

Year		No. of pulmonary cases	Case-rate per 1000 population	No. of non- pulmonary cases	Case-rate per 1000 population
1958	...	112	0.29	33	0.085
1959	...	104	0.27	12	0.031
1960	...	94	0.24	29	0.074
1961	...	123	0.31	17	0.044
1962	...	108	0.27	16	0.040

Mortality figures for the same period are:—

Year		No. of pulmonary cases	Death-rate per 1000 population	No. of non- pulmonary cases	Death-rate per 1000 population
1958	...	23	0.06	4	0.010
1959	...	18	0.05	5	0.013
1960	...	11	0.03	1	0.003
1961	...	17	0.04	—	—
1962	...	12	0.03	3	0.0075

The numbers of cases on the after-care register at the end of the year were :—

Pulmonary	1,169	(1,225)
Non-Pulmonary	119	(118)
				<hr/> 1,288 <hr/>	<hr/> (1,343) <hr/>

(Figures in brackets were those for 1961).

The number of cases supplied with free milk on the recommendation of the chest physicians continues to decline. 27 cases were being supplied at the end of the year compared with 35 at the end of 1961.

One shelter was disposed of during the year, reducing the number available to 26 of which 15 were in use, the same as in the preceding year.

One case is being rehabilitated at Papworth, the Council paying the fees. Another case was admitted to the Sherwood Village Settlement but failed to settle and was discharged.

412 teaching, canteen and other staff in close contact with children had chest X-ray examinations during the year.

A small number of housebound tuberculous patients took advantage of the British Red Cross Society's library service and 2 cases were provided with

clothing through the W.V.S. clothing depots. The Friends of Kelling have continued to provide patients with amenities which are not available through official sources and jointly with the County Council provided financial assistance to enable three families to have holidays.

Reports of Chest Physicians

Drs. G. F. Barran and A. H. C. Couch, Chest Physicians, report as follows:—

“Reference to the morbidity and mortality figures for the past five years will show that there has been no further significant advance in the campaign against tuberculosis. Complete eradication is not in sight but the disease has taken up its position well behind the greater problems of lung cancer, chronic bronchitis and asthma. The final stages in its elimination, owing to its slow insidious onset, the pool of unrecognised infection in the community and the varying powers of resistance in the individual, are likely to prove difficult and prolonged. Nonetheless, improved methods of case finding, particularly by the greater use of X-ray facilities now at the disposal of general practitioners and the enhanced knowledge of the correct use of powerful drugs in treatment, can be expected to reduce still further the sources of infection. The effect of B.C.G. vaccination must also in the long run have a beneficial influence but it is disturbing to note that the acceptance rate for this valuable method of vaccination is low. There are parents who conscientiously object to this procedure but the majority, when a personal appeal is made, appear to be in favour of their children being given this protection. They do not, however, always respond to written communications and it is clear that not infrequently it is the child not the parent who makes the decision, resulting in an acceptance rate of only sixty per cent. It appears to require a sensational outbreak of the disease before the public react to the advantages of what is a simple, safe and almost painless method of increasing individual resistance.

Deaths are now infrequent and are mainly in the aged, when other diseases are a complicating factor, but tuberculosis still causes the loss of many working hours as well as the inconvenience of undergoing treatment for long periods. Great progress has been made in recent years but a concerted and sustained effort by all working in clinical and public health medicine, backed by the public's intelligent use of the services offered, is still required in order to initiate a further step forward in the eradication of the disease.

The Norwich Mass Radiography Unit is under the direction of the Chest Physicians in Norwich, who are continually trying to find new methods of reaching members of the public. The most notable event in 1962 was the intensive survey of the Wymondham area covering a population of 5,870. The local authority co-operated wholeheartedly and helped to recruit a large number of volunteer canvassers so that an individual approach was made to all the population in the area and the percentage of the population x-rayed was 68%. A higher figure had been anticipated in view of the enthusiastic local support and unfortunately it is likely that the amount of disease present in those who did not attend is as great as in those who did attend. Three fresh active cases of tuberculosis were discovered in the survey as well as a number of apparently inactive cases requiring supervision.

Another development took place in the fringe area of Norwich, the Unit paying many visits to these suburbs, being stationed at public houses, halls, etc., so that the local population had the minimum possible distance to go to the unit. This again reached a section of the population not previously x-rayed, although the percentage of the population coming forward was never as high as is considered desirable.”

Health Education

It could be said that practically everything in this report has a link with health education in the widest sense of the term. Often the more practical approach through schemes which help to preserve good health are more effective than our attempts to educate the public in "health education" dogma. In rural communities it is difficult and costly to utilise posters, leaflets, films, etc., on a scale likely to make any real impact, but the health visitors, district nurses and midwives advise and seek to educate persons of all ages with whom they are in direct contact, as part of their routine duties.

Members of the staff of the Public Health Department give talks to interested groups on the various aspects of health and hygiene and selected officers attend suitable courses for the purpose of keeping themselves and their colleagues up-to-date.

The effects of cigarette smoking on health have received widespread press publicity and it is generally considered that older people have been given sufficient information to enable them to judge for themselves. Furthermore, long-standing habits, however harmful, are hard to break. Consequently in this County the main efforts continue to be directed towards discouraging children and young persons from forming the smoking habit, working in consultation with the Education Committee and teaching staffs.

Accidents in the Home

Health visitors take every opportunity to stress the need for care in the home to prevent accidents, and talks are given at infant welfare centres, old people's clubs, parent/teacher associations, etc. However, in spite of the nationally sustained press, radio and television publicity, and our efforts locally, many avoidable accidents are still occurring, particularly where children are concerned, as is shown by the following information kindly provided by the Jenny Lind and Norfolk and Norwich Hospitals:

				Jenny Lind			Norfolk and Norwich		
				1960	1961	1962	1960	1961	1962
Injuries to body and limbs	178	201	220	223	138	82
Cuts	180	186	180	19	39	29
Burns and Scalds	118	122	123	4	15	2
Poisoning	52	60	69	—	—	—
Foreign bodies	61	77	60	—	—	—
Miscellaneous	19	11	13	—	—	—
				608	657	665	246	192	113

Venereal Disease

No requests were received from treatment centres for the follow-up of patients failing to complete courses of treatment. Members of the Council's staff followed up a number of contacts of American Service men suffering from venereal disease, referred by the medical officers with a view to tracing sources of infection.

Returns from the Norwich and King's Lynn treatment centres show that 311 new Norfolk cases attended during the year (1961 figures in brackets):—

Syphilis	9	(12)
Gonorrhoea	63	(88)
Other conditions	239	(264)
				311	(364)

Dr. H. L. Rogerson, Venereologist at the Norfolk and Norwich Hospital, reporting on cases attending that centre, which include those from the eastern half of the administrative county, states:—

“ During 1962 in East Norfolk and Norwich there were no fresh cases of infectious syphilis. There was also a decrease in the number of new cases of gonorrhoea. This is contrary to the trend in the rest of the country, according to the propaganda, and is very satisfactory.

There was again some difficulty in the treatment of cases of gonorrhoea, owing to drug resistance.

I still recommend that Protargol or Argyrol drops be instilled into the eyes of the new-born baby, to prevent gonococcal conjunctivitis. In view of the drug-resistant organisms being met, it might be impossible to prevent a baby, so infected, being blinded.

Venereophobia, due to propaganda in the press, and on television, is still causing distress to many patients.

It is still recommended that all pregnant women, who have been treated for acquired syphilis in the past, should have a course of treatment during subsequent pregnancies.”

Provision of Nursing Equipment

The agency arrangements with the Norfolk Branches of the British Red Cross Society and the St. John Ambulance Brigade for the provision of nursing equipment on loan have been continued. 136 depots in the county hold stocks of the smaller items of nursing equipment, whilst larger items such as wheel chairs are held at a central depot. The County Council reimburses the voluntary organisations on an agreed scale of rental charges.

The Council also purchases major items of equipment such as hoists for issue on loan direct to patients. No charge is made to the patient for any items loaned.

Recuperative Convalescence

Four cases were provided with periods of recuperative convalescence at voluntary homes during the year.

The Marie Curie Memorial Foundation

An Area Welfare Grant Scheme has been administered on behalf of the Marie Curie Memorial Foundation since 1957. Monetary grants are made with discretion to provide assistance in kind to meet the urgent needs of cancer patients being nursed at home and to supplement help from statutory and other sources.

Necessitous cases are reported by the district nurses who are in day-to-day contact with the patients.

The needs most commonly met by the Foundation are payment for night and day-time help, and the supply of linen, bedding, clothing, personal comforts, extra nourishment and fuel. In some cases special surgical equipment has been provided.

Grants amounting to £300 have been received since 1957 and in 1962 fourteen patients were assisted.

Chiropody

The proposals for the provision of chiropody services, contained in the 1959 report, did not prove satisfactory and very few cases were dealt with. Accordingly, a survey was carried out through doctors, nurses, welfare staff and voluntary organisations to ascertain the need for a chiropody service for the priority classes. The result showed that 197 homebound physically handicapped or elderly persons were in need of chiropody treatment, and that a further 289 not housebound were in need and had no facilities available through the Norfolk Old People's Welfare Scheme.

In view of this information the Health Committee decided to appoint a full-time chiropodist to treat homebound elderly persons, physically handicapped persons, and any elderly persons where no facilities were available through voluntary organisations. Each person is required to contribute 2s. 6d. per treatment except in cases where it can be proved that payment of even this small contribution would cause hardship.

A chiropodist was appointed and commenced duty on the 10th December. By the end of the year all essential preliminary arrangements had been completed, and the chiropodist commenced a full-scale treatment programme.

X. HOME HELP SERVICE

The number of cases assisted during the year was 1,302, an increase of 106 over the previous year.

Cases assisted during the past three years were:—

				1960	1961	1962
Maternity	92	64	52
Children without mother			...	14	12	24
Post-operative		12	16	26
Sick and old age	923	1,041	1,145
Blind	46	59	51
Tuberculosis		8	4	4
				1,095	1,196	1,302

There has been no change in the pattern of the service provided, over 96% being devoted to the care of the aged sick, infirm and blind. There was a further slight decrease in the average hours per case per week from 7.6 in 1961 to 7.45. The minimum charge was reduced from 10s. 0d. per week to 5s. 0d. per week from 1st April, 1962, in accordance with the recommendation of the County Councils Association.

Home helps employed at the end of the last three years were:—

				1960	1961	1962
Whole-time	1	1	1
Part-time	5	5	4
Occasional	480	500	552
				486	506	552

It is estimated that the 556 part-time home helps are equivalent to 139 full-time. In addition to the home helps actually employed, there is a reserve list to meet new cases as they arise.

A further three-day training course for home helps was arranged in conjunction with the Education Committee. These trained home helps are utilised as necessary to assist problem families, where training, guidance and advice are required.

The home help organiser, and her assistant at King's Lynn, supervise the home helps, attend all problem family conferences and assist with any special arrangements required. They also investigate special cases referred from the local health offices where the routine work of the scheme is carried out.

The high proportion of elderly sick and infirm cases assisted, many of whom live alone, raises the problem of evening care. Many home helps pay voluntary evening visits to these persons to prepare a hot drink and ensure that they are comfortable for the night. Where this is not possible, voluntary visitation is undertaken by members of the British Red Cross Society, the St. John Ambulance Brigade, W.V.S. and the Norfolk Federation of Women's Institutes.

The table on page 31 shows the number of cases and the duration of assistance provided during 1962.

TABLE 3.

HOME HELP SERVICE.

SUMMARY OF THE DURATION OF CASES ASSISTED DURING THE PERIOD 1ST JANUARY TO 31ST DECEMBER, 1962.

Type of case.	Cases assisted up to															Hours of service provided.	Percentage of total service.	Total cases assisted.
	Weeks.				Months.													
	1	2	3	4	2	3	4	5	6	7	8	9	10	11	12			
Maternity ...	5	30	17	—	—	—	—	—	—	—	—	—	—	—	—	2100	0.65	52
Children without mother ...	1	3	2	2	6	2	2	2	—	—	—	1	2	—	1	4412	1.41	24
Post-operative ...	—	4	4	2	5	1	—	2	1	—	1	—	2	1	3	3143	1.28	26
Sick and Old Age ...	36	33	20	30	86	83	40	42	40	41	62	49	87	86	410	276018	90.67	1145
Blind ...	—	2	3	4	2	1	3	—	—	2	—	1	1	5	27	16392	5.31	51
Tuberculosis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	2199	0.68	4
Totals ...	42	72	46	38	99	87	45	46	41	43	63	51	92	92	445	304264	100.00	1302

XI. MENTAL HEALTH SERVICE

Very little tangible progress was made in the development of new projects but the purchase of sites for the comprehensive training centre at King's Lynn and for the hostel for adult subnormals to be built in conjunction with this centre were completed. The Ministry of Health approved the plans for the centre with one or two minor amendments and, at the end of the year, specifications and other details were being prepared so that building should commence in 1963.

It is worthy of note that by the expansion of transport it was possible by the end of the year to arrange for the attendance of additional children at training centres and 99% of all children suitable will be catered for.

Hospital Plan and 10-year Plan for the Development of Local Authority Health and Welfare Services

The effect locally of the Hospital Plan has been considered and some concern has been expressed in regard to two aspects of the proposals for the East Anglian Region as far as the mental health services are concerned: one, the reduction of beds for the mentally ill by 1975 from 4,911 to 2,760, and the other, the possibility that the proposed increase in accommodation for subnormal persons would prove to be insufficient. Our experience shows that there has, for some time, been an increasing demand for the admission of severely subnormal cases and if, as appears likely, this tendency continues, many more beds for this type of person will be required. The Plan, so far as it affects the County Council, was discussed with representatives of the East Anglian Regional Hospital Board when these points were mentioned and an assurance was given by their Senior Administrative Medical Officer that the ideas set out in the Command Paper need not necessarily be the last word and that the whole Hospital Plan, especially in respect of the mental health service, was subject to consultation with local authorities. It appears that the Hospital Plan can only succeed if there is a much larger discharge from hospitals and, in preparing the Authority's 10-year plan for development of the health and welfare services, this aspect was taken into account. In the main, it was decided to follow the 10-year development plan prepared when the Mental Health Act, 1959, was introduced and, as this plan is already a year or two behind in implementation, principally because of difficulties in obtaining sites, similar delays will, no doubt, be experienced in the implementation of the new 10-year plan.

Admissions to Mental Hospitals

The statistics show only the cases dealt with directly by mental welfare officers, but the great majority of admissions were, of course, of an informal nature and arranged direct between general practitioners and the hospitals. The mental welfare officers are always available to give assistance to doctors and relatives in regard to admissions, and social histories are submitted to the hospitals as necessary. Section 29, which gives the necessary powers to deal with the admission of urgent cases on the basis of one medical certificate, has been extensively used during the year and some doubt has been expressed as to whether the circumstances in every case could really be described as urgent. In a large rural county, it is convenient to be able to arrange admission on the certificate of the general practitioner and thus avoid consultants having to travel many miles and spend some hours in giving the second certificate. The mental welfare officers and certain general practitioners have expressed some anxiety in regard to the extensive use of Section 29 and the question has been discussed at conferences with the hospital medical staff as to whether it is in

accordance with the spirit of the Act, or if the definition of urgency is being stretched too far. For the moment it would appear that it must largely be left to local decision unless a ruling of the Court is given regarding the interpretation of urgency. Until then, the present arrangements are likely to continue, as apart from being helpful to the doctors, it is frequently in the best interests of the patient that admission should take place with as little delay as possible.

Waiting List for Hospital Care—Subnormals

During the year, no extra provision was made by the Regional Hospital Board for subnormals and the waiting list again increased. The major problem confronting the authority is the difficulty in obtaining any accommodation for low-grade males, some of whom have been on the waiting list for 7 or 8 years. In one case, a child was taken before the Court by the parents as being beyond care and control but, despite extreme pressure, the Regional Hospital Board was unable to offer a vacancy and this boy, together with other aggressive, unmanageable and problem children, continue in attendance at junior training centres with consequent difficulties for the staff and a bad effect on other children. This is, however, insignificant compared with the problem in the home and the authority has to act as a buffer between parents, general practitioners, welfare officers, nurses, health visitors, etc. and the Regional Hospital Board. This situation is a very invidious one, producing a great deal of correspondence and administrative action but little result. If it were not for the co-operation of the Board in affording some relief to parents by the provision of temporary care for urgent and necessitous cases the situation would, indeed, be grave. Where the Board has not been able to grant a temporary period of care it has been possible in the great majority of cases to obtain a bed in a private home and no charge is made to the parents for this service. During the year, some 51 cases were provided with temporary care, 43 in hospitals and 8 in private homes.

Community Care

(a) Case Work

As will be seen from the statistical portion of the report, a large number of visits was made to cases discharged from hospital or referred from clinics or by general practitioners and every effort has been made by the officers to help patients and encourage relatives to provide care in the community. There is a tendency for this work to increase, particularly in view of the growing number of cases admitted to hospitals for short periods only. Periodic conferences are held with the hospitals to discuss cases and methods of referral and a conference for social workers only was held during the year under the tuition of Mrs. S. M. Bunn (Psychiatric Social Worker) when cases were presented, the action taken criticised and suggestions made as to methods of approach, and the various aspects of case work discussed.

(b) Training of Staff

The two welfare assistants mentioned in last year's report were accepted for the two-year training course for social workers at the North-West Polytechnic, London, and commenced there in October. An assistant local welfare officer was also accepted at this course on secondment by the authority and during his absence a temporary appointment was made. It is proposed to continue to send officers to training courses and to recruit welfare assistants for training so that eventually a qualified staff is employed. As part of the development of community services, the appointment of a relief welfare officer has been approved.

(c) Adult Clinics

With the full co-operation of Dr. J. V. Morris, these diagnostic and advisory clinics continued during the year; 9 sessions were held and 24 cases seen. Reports received from the consultant psychiatrists and psychologists are invaluable in deciding the best method of dealing with problem cases and in helping the social worker to give the necessary support and guidance. The most valuable aspect of this service is, however, the help given to relatives to understand the patients' problems and shortcomings and to learn the best method of handling family situations.

(d) Psychiatric Social Clubs

The two psychiatric social clubs at Norwich and King's Lynn continued and catered mainly for discharged women patients. Meetings are held weekly at Norwich and fortnightly at King's Lynn and the numbers attending increased. After initial uncertainty the persons attending normally settle down very well and enter into all activities, thus helping them to resume normal community life. The support and advice given by the social worker is often unobtrusive in a club setting, but to the person attending it is very valuable.

Junior Training Centres

(a) Numbers Attending

As mentioned in the introduction to this section of the report, it was possible at the end of the year to complete arrangements whereby some 99% of all children suitable for training centres are enabled to attend. There are now 18 routes conveying children to the centres and mileage travelled in the year totalled 327,491. As an experiment, the Council provided its own vehicle at the Sprowston centre and this appears to have been successful both in regard to costs and in the elimination of problems which sometimes arise with hired transport. It has been agreed that a second vehicle should be provided in 1963 at another centre so that further experience can be gained.

By arrangement with the West Suffolk authority, a child living on the border of the county commenced attendance at the Bury St. Edmunds centre, payment being made by the county at the appropriate rate and transport being provided by the West Suffolk authority.

(b) Staff

(i) Conferences

With the increase in the number of centres and of teaching staff it was thought desirable to commence periodical conferences in order that talks and demonstrations could be given and mutual problems discussed. Two such conferences were held during the year to which all teaching staff were invited. The first considered the Scott Committee Report and the second reviewed current trends in training centre work.

(ii) Designation

The Mental Health Sub-Committee considered the recommendations of the Scott Report which, although not yet accepted by the Government, afford a reasonable guide for the future administration of training centres. At the request of the staff it was decided to change their designation to "Teacher" with appropriate titles for the different grades of staff—for instance supervisors are now called "Head Teacher (M.H.)."

(iii) **Establishment and Conditions**

The establishment was also reviewed and whilst the Scott Committee Report recommendation of one teaching staff to 10 children was not accepted in its entirety, it was taken as a guide and, in fact, at some of the small centres the proportion of staff is greater than that recommended. In fixing the establishment the Mental Health Sub-Committee also had in mind the need to encourage staff to qualify and, with this end in mind, to give a sufficient margin of staff to enable suitable persons to be seconded to the National Association for Mental Health's training course.

Service conditions for part-time staff employed at training centres and adult social clubs were also reviewed and sick leave entitlement is now granted. It is interesting to record that some 26 part-time staff are now employed in the service, all of whom play a valuable part in the work. When any special event takes place they are always willing to give their services voluntarily and always play their part effectively.

(c) **Committee—Rota of Visitors**

As the centres do not have management sub-committees, members of the Mental Health Sub-Committee have, in the past, only visited centres on special occasions such as "Open Days." It was considered that it would be helpful both to the staff and members if visits were paid on occasions when no special programme was arranged and to this end visits will, in future, be paid twice a year, once in the summer term and once on the occasion of "Open Days" at Christmas time. The first summer visits under the revised system took place in June and July.

(d) **Parents' Associations**

At all centres good liaison exists with the public through parent/teacher associations, or in less formal contact. All centres are assisted by gifts and one of the outstanding events of the year was a fete organised by the parent/teacher association at Holt which raised over £100 for the children's amenity fund. Gifts from voluntary organisations in the various areas have also been received and a great deal of interest is shown by members of the public in the work of the centres and there is a readiness to respond to any effort in which the public is invited to participate.

(e) **General**

There is a tendency for children attending training centres to be of a somewhat lower grade than was previously envisaged and also for them to commence attendance at a younger age. In this connection, one or two cases have been referred for attendance who could not walk without support and experiments have been carried out with the provision of suitable walking aids. A hospital-type frame is used at one centre, a locally designed aid at another. For one particular case the Mental Health Sub-Committee authorised the provision of an Amesbury special walking aid and, as a result, the child's mobility improved greatly during the year enabling the use of the aid to be discontinued and making it available for loan to a family in the community where the child is too young to attend a training centre but who, it is anticipated, will be greatly helped by this appliance.

Adult Training

(a) **Norwich Adult Training Centre**

The numbers in attendance at the centre increased from 15 to 21 and the attendance and work has been very good. All persons from the county travel

on public transport and the authority reimburses the cost of season tickets either by bus or rail. During the year a number of discussions took place on the proposal of the Norwich City authority to provide for women as well as men at the adult training centre and the effect this would have on the Voluntary Society's centre for girls. It was eventually agreed that the Society's centre would close and the 8 county girls in attendance transferred to the Norwich adult training centre on the 31st December. The Voluntary Society, which previously pioneered the boys' centre and later provided facilities for girls for over a year, has carried out outstanding pioneer work in adult training and has shown that the mentally subnormal are well able to follow commercial work of a simple repetitive kind, given the right kind of staff and appropriate jigs and other aids.

(b) Adult Social Clubs for the Subnormal and Home Teaching Service

For most of the year a full service was provided although, unfortunately, one of the home teachers sustained rather serious injuries following a motor car accident, but was able to resume duty during the summer. Mention has been made in previous reports of the success of the adult social clubs attended by small groups of mentally subnormal who have, in the past, been conveyed by the home teachers. Because of the lack of public transport, it was necessary, in order to cover the county, to have a large number of centres which could only be held on a fortnightly basis. In some places the numbers attending were too small to allow full social activities, such as country dancing, to be undertaken, and it had been apparent for some time that it would be preferable to re-organise the service so that a smaller number of larger groups could meet weekly. This, however, could only be achieved by the provision of transport and the necessary authority was given during the year for taxi services to be provided. The new arrangements commenced in October and each home teacher now has three weekly clubs (9 in the county) with an attendance of 122. The change has proved most successful—the average attendance at each club is 10 to 12. With the larger numbers a greater impetus is given to the work and everyone attending enjoys the activities which, in the main, comprise handwork for the morning session and social activities in the afternoon.

Holidays for the subnormal were again held in two parties, 32 going to The Pleasaunce, Overstrand, in September and 38 to The Marine View Hotel, Great Yarmouth, early in October. These holidays were greatly enjoyed by all who attended; fortunately the weather was reasonably good and now that nearly all attending have met each other at social clubs or on previous holidays, many happy relationships have been formed, old friendships are quickly renewed and each holiday seems to present less problems in settling down and getting to know each other.

Residential Accommodation

(a) Hostels for Elderly Mentally Infirm

The arrangements agreed between the Health and Welfare Committees for the provision of the first hostel of this type at Wymondham were carefully reviewed during the year and plans were submitted to the Ministry of Health for a 50-bed hostel. Subsequent discussions with the Ministry indicated that hostels for not more than 35 persons were considered most suitable and the two Committees agreed to amendments to the plans accordingly. It is anticipated that building will commence in 1963 and a site for the second hostel in West Norfolk will also be sought.

(b) **Other Residential Accommodation**

The purchase of the site for the hostel for subnormals at King's Lynn has been completed and plans are now being prepared. As some of the persons living at the hostel will, it is anticipated, need to attend an adult training centre, it is not proposed to complete this hostel until the comprehensive training centre at King's Lynn is built and operating.

In preparing the 10-year plan, provision was included for a hostel for psychotics. It was, however, felt that priority for this type of patient was not very great as our present experience shows that so far as employable discharged persons are concerned, vacancies can be obtained in existing hostels run by voluntary bodies such as the S.O.S. Society at Winston House, Cambridge, and the Mental After-Care Association's at Ipswich. The need will, however, be kept under review and the project, now included in the latter part of the 10-year plan, brought forward if necessary.

Guardianship Cases

Only six cases are subject to guardianship and the use of this Section of the Act appears to have very limited scope at present. When residential accommodation is available, however, it may be helpful in ensuring that the person concerned has some condition of residence. It is interesting to record that during the year the first Section 60 court order for guardianship was made. This was in respect of a subnormal youth who badly needed advice and guidance and, so far, guardianship has proved most successful and the mental welfare officer has been able to advise the man and his family on many matters, particularly in regard to the handling of money. In the past, the youth spent all his money without thought or reason and was always liable to get into trouble, but he now has a banking account; his employer understands his position and the family have come to appreciate their son's shortcomings and co-operate with the mental welfare officer, whose work on the case has been outstanding.

MENTAL HEALTH STATISTICS FOR YEAR ENDED 31st DECEMBER, 1962

(For the purpose of comparison, the figures for the year ended 31st December, 1961, are shown in brackets, where applicable and available.)

1. Number of admissions dealt with by Mental Welfare Officers

(a) *Mentally Ill*

		St. Andrew's	Hellesdon	Other Hospitals	Total
Section 25	...	32 (28)	1 (8)	3 (2)	36 (38)
Section 26	...	11 (12)	3 (5)	— (—)	14 (17)
Section 29	...	69 (55)	64 (80)	1 (1)	134 (136)
Section 60	...	2 (—)	— (—)	— (—)	2 (—)
Informal	...	158 (176)	165 (85)	12 (12)	335 (273)
TOTAL	...	272 (271)	233 (178)	16 (15)	521 (464)

(b) *Subnormal*

		Little Plumstead	Other Hospitals	Total
Section 26	...	— (1)	— (—)	— (1)
Section 60	...	4 (6)	— (—)	4 (6)
Informal	...	19 (14)	1 (3)	20 (17)
		23 (21)	1 (3)	24 (24)

GRAND TOTAL ... 545 (488)

2. Number of patients already in hospital dealt with under Section 26 ... 41 (61)

3. Number of social history reports prepared in respect of patients admitted to hospitals for the mentally ill ... 303 (230)

4. Number of subnormal persons admitted for temporary care

Regional Hospital Board establishments	Male	Female	Total
(i) For one day ...	2 (3)	4 (4)	6 (7)
(ii) For longer periods ...	21 (17)	16 (9)	37 (26)
Private Homes ...	7 (11)	1 (1)	8 (12)
TOTAL ...	30 (31)	21 (14)	51 (45)

5. Community Care

(a) *Mentally Ill*

(i) Number of cases at 1.1.62 ...	272 (230)
(ii) Number of new cases referred ...	214 (169)
(iii) Number of cases closed during year ...	201 (127)
(iv) Number of current cases at 31.12.62 ...	285 (272)
(v) Number of visits made during year:	
(1) to patients ...	1,569 (1,589)
(2) associated visits ...	486 (540)
(vi) Number attending Psychiatric Social Clubs (2)	24 (23)

(b) *Mentally Subnormal*

(i) *Number on mentally handicapped register (subnormal and severely subnormal)*

	Male	Female	Total
Cases receiving welfare visits ...	482 (465)	396 (392)	878 (857)
Guardianship cases ...	3 (1)	3 (4)	6 (5)
	485 (466)	399 (396)	884 (862)

(ii) *Receiving Training*

	Male	Female	Total
At Junior Training Centres			
In Norfolk (5) ...	78 (72)	63 (61)	141 (133)
Outside County (2) ...	11 (8)	8 (7)	19 (15)
At Adult Training Centres			
In Norfolk (-) ...	—	—	—
Outside County (2) ...	26 (15)	10 (6)	36 (21)
Under Home Teachers (3)			
At home ...	14 (16)	23 (26)	37 (42)
At Day Centres and Social Clubs (14) ...	51 (47)	71 (64)	122 (111)
	180 (158)	175 (164)	355 (322)

(iii) *Awaiting admission to Junior Training Centres* ... 6 (7) 3 (4) 9 (11)

(iv) *Considered suitable for admission to Adult Training Centres* 44 (49) 45 (42) 89 (91)

(v) Number of persons on waiting list for admission to hospital

(A) Hospitals for the subnormal

	Severely Subnormal				Subnormal				Total			
	M.		F.		M.		F.		M.		F.	
Very urgent ...	21	(18)	1	(1)	1	(3)	—	(—)	22	(21)	1	(1)
Urgent ...	20	(14)	10	(9)	5	(5)	—	(—)	25	(19)	10	(9)
Not urgent ...	8	(10)	7	(10)	—	(1)	—	(2)	8	(11)	7	(12)
TOTAL ...	49	(42)	18	(20)	6	(9)	—	(2)	55	(51)	18	(22)
Potential cases	21	(14)	14	(11)	—	(3)	3	(5)	21	(17)	17	(16)
GRAND TOTAL	70	(56)	32	(31)	6	(12)	3	(7)	76	(68)	35	(38)
	102 (87)				9 (19)				111 (106)			

(B) Mentally Ill (The Vale Hospital, Swainsthorpe)

Male	Female	Total
2 (2)	9 (12)	11 (14)

6. New Cases arising during the year

	M.	F.	Total
(i) Notified under Section 57 of the of the Education Act, 1944 ...	18 (17)	9 (10)	27 (27)
(ii) Reported by Education Committee as requiring care and guidance ...	27 (24)	23 (23)	50 (47)
(iii) Other referrals ...	8 (13)	8 (3)	16 (16)
TOTAL ...	53 (54)	40 (36)	93 (90)

XII. NATIONAL ASSISTANCE ACT, 1948

The County Council has delegated to the Health Committee responsibility for the administration of welfare schemes under Sections 29 and 30 of the above Act.

Welfare of the Blind

Registration

209 persons were examined by ophthalmic surgeons during the year and 121 were certified as blind. 93 of the latter were over 70 years of age and a further 14 over 60 years of age.

No. on register 1.1.62 ...	939
No. of new cases certified as blind ...	121
No. of removals to the County ...	15
	136
	1,075
No. of cases removed as no longer blind ...	8
No. of removals from County ...	8
No. of deaths ...	122
	138
No. on Register 31.12.62 ...	937

The numbers of cases on the register at the end of the last 5 years were:—

1958	896
1959	938
1960	928
1961	939
1962	937

73.9% of all cases on the register were 65 years of age or over, a slightly higher percentage than in the previous year. 89 were over 90 years of age.

Employment

At the end of the year 18 men and 4 women were employed in the workshops of the Norwich Institution for the Blind and 1 man and 1 woman were undergoing training. 5 men were employed as home workers, one having died during the year. 28 men and 2 women were engaged in other forms of employment. 3 men had been trained for employment in open industry and were awaiting suitable vacancies.

The fullest possible co-operation and consultation has been maintained with the Ministry of Labour and with the Placement Service of the Royal National Institute for the Blind, with whom the Council has an agency agreement.

Home Teaching and Visiting

The Council's establishment of 8 home teachers has been filled throughout the year. 1 trainee qualified during the year but the other unfortunately failed in one craft subject and will have to retake this subject in 1963.

A full establishment has made it possible to carry out welfare visiting more frequently, to devote more time to handicraft instruction and to re-commence handicraft classes which are very popular. Very few new cases, and particularly the elderly, are desirous of being taught to read embossed literature, either Braille or Moon, preferring to have the use of talking book machines available on loan from the National Talking Book Library.

The five social centres at Diss, Fakenham, King's Lynn, North Walsham and Norwich have continued to meet monthly and are very well attended. Public transport to some of these centres is very poor indeed, but volunteer car drivers with their invaluable assistance have overcome these deficiencies and have rendered a door-to-door service for many years. Other voluntary helpers prepare and serve refreshments, arrange or provide entertainment and generally assist the home teachers to make the social centres most enjoyable and the County Council is much indebted to them.

The Annual Blind Show of horticultural, domestic produce and handicrafts was for the first time jointly organised with the Norwich Authority. The revised arrangements proved most successful and will be repeated in 1963. There was a profitable sale of handicraft goods at the Show and, by the kind permission of the Management Committee of the Norwich Institution for the Blind, a handicraft sale was held at the Royal Norfolk Show.

A large party of blind persons, some with guides or relatives, accompanied by three home teachers for the blind, again enjoyed a holiday at Great Yarmouth.

The "Closer Link", the magazine for the Norfolk blind published quarterly by the Health Department, continued to prove very popular, 650 copies of each edition being distributed.

Wireless sets provided by the British Wireless for the Blind Fund have been distributed and maintained, and arrangements are made for the issue of free wireless licences.

The home teachers act as almoners for Hetherington, Royal Blind and other charity pensions.

Welfare of the Partially Sighted

The numbers of cases on the register at the end of the last 5 years were as follows:—

1958	299
1959	292
1960	299
1961	268
1962	279

The needs of these persons are usually much less than those of the blind but all cases are visited by the home teachers at such intervals as individual circumstances require. One partially sighted man is employed in a sheltered workshop for the blind.

Welfare of the Deaf, Dumb and Hard of Hearing

The number of cases on the register at the end of the year was 448, 101 more than at the end of 1961. The Ministry of Health has requested revised classification of persons on the register and it is therefore not possible to include the previous year's figures for comparative purposes in the following classified table:—

Age group	Deaf without Speech			Deaf with Speech			Hard of Hearing			Totals		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
Under 16 ...	5	2	7	5	4	9	37	39	76	47	45	92
16 — 49 ...	18	25	43	23	36	59	24	29	53	65	90	155
50 — 64 ...	11	12	23	14	4	18	14	25	39	39	41	80
65 and over	15	13	28	10	8	18	29	46	75	54	67	121
Totals ...	49	52	101	52	52	104	104	139	243	205	243	448

The Deaf and Dumb (Norfolk and Norwich) Association provides welfare services, and the Norfolk, Norwich and Gt. Yarmouth Authorities pay grants to the Association on a common basis. The Association was unable to obtain the services of a qualified female assistant and the Missioner's wife was employed during the year in a part-time capacity. Much of the Missioner's time is occupied with domestic and employment problems peculiar to the deaf. He also takes a leading part in social activities provided at Gt. Yarmouth, King's Lynn and Norwich.

A hard of hearing club is also held at the Association's headquarters in Norwich.

Welfare of the Physically Handicapped—General Classes

The numbers on the register at the end of the year (1961 figures in brackets) were:—

Age Group	Male	Female	Total
16—49 ...	193 (191)	124 (116)	317 (307)
50—64 ...	168 (164)	129 (127)	297 (291)
65 and over ...	149 (134)	87 (76)	236 (210)
	510 (489)	340 (319)	850 (808)

197 persons on the register were capable of ordinary employment and 77 of work under sheltered conditions.

Handicraft training is available, if desired, for those not capable of, or not available for, employment, through the Norfolk Branch of the British Red Cross Society or the Norfolk Association for the Care of the Handicapped. Each voluntary organisation covers half the county and grants are paid by the Council for this service. The Education Committee is also prepared to provide handicraft instructors at suitable centres.

St. Raphael Clubs at Gt. Yarmouth, King's Lynn, Norwich, Swaffham and Thetford and British Red Cross Clubs at Aylsham, Downham, Fakenham, Hunstanton, Dereham and Sheringham provide regular social facilities and handicraft instruction is also available. District Committees of the Norfolk Association arrange periodic social functions, outings, etc.

The Council again gave financial assistance to enable a number of physically handicapped persons to attend holiday camps at Caister and Gorleston organised by the Federation of St. Raphael Clubs and the Norfolk Association respectively. Financial assistance was also given with adaptations to premises for handicapped persons and various items of equipment were loaned.

83 disabled drivers have been issued with car badges to assist with parking.

XIII. INFECTIOUS AND OTHER DISEASES

On Table 4 will be found details of the notifications of infectious diseases received during the year and their distribution in the various county districts. It will be observed that the position is very satisfactory, with a considerably reduced incidence of all infectious diseases.

In my report for last year I commented on the very low incidence of poliomyelitis during the past few years, associated with an extending vaccination programme. The programme is now becoming stabilised but the number of cases have continued to fall and it is pleasing to be able to report that no case was notified during 1962. It is to be hoped that this satisfactory state of affairs will continue and that poliomyelitis will soon join diphtheria as a disease that has been eliminated to all intents and purposes as a result of immunisation.

No case of diphtheria was notified during 1962.

Whooping cough is another example of a disease against which protective inoculation is provided and it is also showing a progressively reducing morbidity, only 226 cases being notified compared with 432 last year.

1,347 cases of measles were notified during the year compared with 7,633 in 1961, but this reduction is in accordance with the expected periodicity of the disease rather than other factors. There were no deaths.

There were 159 cases of scarlet fever during 1962, as compared with 271 cases in the previous year.

Dysentery cases also show a considerable reduction, only 64 cases being notified compared with 126 during 1961.

NOTIFICATION OF INFECTIOUS AND OTHER DISEASES

TABLE 4.

Disease	Number of cases notified																											Totals
	Municipal Boroughs		Urban districts											Rural districts														
	King's Lynn	Thetford	Cromer	East Dereham	Diss	Downham Market	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield & Flegg	Depwade	Docking	Downham	Erpingham	Forehoe & Henstead	Freebridge Lynn	Loddon	Marshland	Mitford & Launditch	St. Faith's & Aylsham	Smallburgh	Swaffham	Walsingham	Wayland	
Scarlet fever	6	6	—	5	1	—	—	1	1	9	—	5	6	17	—	9	3	16	7	6	3	24	12	2	10	—	10	159
Whooping cough	1	11	2	7	3	—	—	19	1	1	—	3	18	28	—	1	1	19	8	5	1	5	16	54	—	—	22	226
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	90	—	1	1	1	49	23	2	33	3	3	1	55	8	67	194	6	26	62	84	148	4	43	201	82	71	89	1347
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute pneumonia	4	—	1	1	—	5	—	—	—	—	—	—	33	6	2	14	—	33	2	11	—	5	6	5	1	8	12	149
Dysentery	—	—	2	—	—	—	—	—	—	—	—	—	13	—	—	9	—	3	—	—	—	—	36	1	—	—	—	64
Acute encephalitis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2
Paratyphoid fever	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Erysipelas	1	2	—	—	—	—	—	—	—	—	—	—	6	1	—	1	—	3	—	—	1	—	2	—	—	—	1	18
Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	2
Food poisoning	—	—	—	1	—	—	—	—	—	—	—	—	7	—	—	—	34	—	—	—	1	—	70	—	—	—	—	113
Puerperal pyrexia	—	—	—	—	—	—	—	1	1	—	—	—	1	1	—	—	—	2	—	1	—	2	2	—	—	—	1	12
Ophthalmia neonatorum	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Jaundice or infective hepatitis	31	—	2	2	—	—	2	—	—	—	1	1	10	6	2	13	—	10	9	1	—	—	6	4	—	—	—	100
Totals	135	21	8	17	5	54	25	24	36	13	4	10	150	67	71	242	44	112	88	108	154	40	195	267	93	79	136	2198

XIV. ENVIRONMENTAL HYGIENE

The County Public Health Engineer reports as follows :—

Water Supplies and Sewerage

Water Supplies

The development and extension of rural water supplies throughout the county continued during the year and contributions were allocated by the County Council to District Councils for the following schemes :—

District Council		Scheme	Estimated Capital Cost £
Blofield and Flegg	...	Plumstead and Postwick	23,000
Depwade	...	Gissing (Malt House Farm area)	3,301
	...	Wacton extension	6,000
	...	Bunwell and Carleton Rode extensions (revision)	13,207
	...	Shimpling, Bressingham, etc. extensions (revision)	28,924
	...	Earsham (Waveney Farm extension)	2,040
	...	Link water main at Earsham	3,450
Erpingham	...	Eastern area	91,018
Forehoe and Henstead	...	Welborne	9,100
	...	Morley St. Peter	1,193
	...	Barnham Broom	26,400
	...	Hingham, Deopham and Morley	54,000
Freebridge Lynn	...	Grimston, Leziate and West Winch	6,961
	...	Castle Rising	1,582
Marshland	...	Third regional extension	9,227
Mitford and Launditch	...	Great Dunham and Tittleshall	15,100
Wayland	...	Regional Scheme Stage II (revision)	138,500
Wymondham	...	Suton Street, Sawyer's Lane and London Road	5,157
	...	Silfield extensions	4,388

New schemes or extensions examined by the Water Supplies and Sewerage Sub-Committee during the year were :—

District Council		Scheme
Erpingham	...	Cley Road, Holt
	...	Extension of mains to Toppshill Farm area, Thorpe Market
Forehoe and Henstead	...	Extension of mains to Shotesham/Stoke Holy Cross boundary
Mitford and Launditch	...	Central parishes water supply
Mitford and Launditch	...	} Joint Scheme
Swaffham Rural	...	
East Dereham	...	
St. Faith's and Aylsham	...	Norwich statutory water supply extensions, Blickling
Smallburgh	...	Tunstead and Potter Heigham

Local inquiries and investigations into, and inspections of, the following schemes were held by Ministry of Housing and Local Government Inspectors during the year. In most cases, the County Public Health Engineer either attended or was represented and, where necessary, evidence was given in support of the schemes:—

District Council	Scheme
Mitford and Launditch ...	East Tuddenham
	North Eastern Parishes
Mitford and Launditch ...	} Bradenham waterworks extension— Joint Scheme
Swaffham Rural ...	
East Dereham ...	

Sewerage and Sewage Disposal

During the year, the County Council allocated contributions to District Councils for the following schemes:—

District Council	Scheme	Estimated Capital Cost £
Depwade ...	Earsham ...	39,250
	New disposal works at Long Stratton ...	14,810
Docking ...	Burnham Market ...	99,161
	Heacham—Lamsey Lane Extension	5,300
Erpingham ...	Northrepps ...	23,322
	Weybourne ...	25,820
	Gimingham (revision)	13,542
Forehoe and Henstead ...	Cringleford and Hethersett	152,898
Swaffham Rural ...	Gooderstone ...	38,552
Wayland ...	Watton—Norwich Road, Merton Road, Neaton extensions	18,204
Diss ...	District Scheme (revision)	123,756
Sheringham ...	Sea outfall ...	54,232
Thetford ...	Reconnections to sewers (revision)	37,745

New schemes or extensions examined by the Sub-Committee during the year were:—

District Council	Scheme
Depwade ...	Pulham Market and Pulham St. Mary
Erpingham ...	Letheringsett
	Southrepps, Antingham and Thorpe Market
	Corpusty and Saxthorpe
Forehoe and Henstead ...	Barnham Broom sewer ditch
	Hethersett and Cringleford
	Hingham sludge beds
Mitford and Launditch ...	Hockering
St. Faith's and Aylsham	} Revised joint scheme for Wroxham, Hoveton, Coltishall, Horstead and Belaugh
Smallburgh ...	
Swaffham Rural ...	Narborough
Thetford ...	Thetford expansion (extension of foul and surface water sewers in Brandon Road and Bury Road)

Local inquiries and investigation into, and inspections of, the following schemes were held by Ministry of Housing and Local Government Inspectors during the year. In most cases, the County Public Health Engineer either attended or was represented and, where necessary, evidence was given in support of the schemes:—

District Council			Scheme	
Erpingham	Letheringsett, Southrepps, Corpusty and Saxthorpe	
Freebridge Lynn	West Winch	
Mitford and Launditch	Litcham	

Milk and Dairies

Specified Area Supervision

The following table relates to samples taken during the retail distribution of milk throughout the administrative county and shows a generally satisfactory position. Failing samples were followed up and advice given where necessary. Void samples were those for which no examination was carried out because of shade temperatures exceeding 70° F. during the period of storage at the laboratory.

Test		No. of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue					
(Raw milk)	145	134	2	9
Methylene Blue					
(Pasteurised milk)	554	508	13	33
Phosphatase					
(Pasteurised milk)	556	552	4	—
Turbidity					
(Sterilised milk)	67	67	—	—
		—	—	—	—
Totals	1,322	1,261	19	42
		—	—	—	—

The supervision of licensed dealers continued during the year and improvements in reception, storage and delivery of milk were obtained in a number of cases. In each case excellent co-operation was received from the dairyman and close liaison was maintained with the local authorities.

66 new dealers' licences were issued during the year and 16 were surrendered due to transfers of business, etc.

Pasteurising Plants

Pasteurisation of milk continued at five plants, three of which employ the H.T.S.T. method and two the Holder type method of pasteurising. 74 routine detailed inspections were made and special visits were made as necessary to investigate causes of sample failures, etc.

The following table records the result of the examination of samples submitted direct from the plants during the year.

Test		No of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue	430	394	10	26
Phosphatase	438	432	6	—
		—	—	—	—
Totals	868	826	16	26
		—	—	—	—

Milk in Schools Scheme

The following table shows that the school milk supplies during the year have been extremely satisfactory.

Close liaison has been maintained with the Chief Education Officer and, as a result, many schools have benefited from improved storage arrangements.

One disappointing aspect of the scheme is that, despite appeals, a number of schools still have no satisfactory arrangement for rinsing the bottles before their return to the dairy with the result that many contain not only sour milk but foil caps, used straws, etc., which are a source of nuisance at the processing dairies.

Test		No of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue	...	303	294	1	8
Phosphatase	...	303	303	—	—
Gerber	...	188	181	7	—
		—	—	—	—
Totals	...	794	778	8	8
		—	—	—	—

Milk Supplies to other County Council Establishments

Occasional samples are submitted from old people's homes and hostels and from children's homes. Of those taken during the year, all passed both the methylene blue and phosphatase tests.

Brucella Abortus

Of 417 bulk samples of milk submitted during the year for biological examination, 15 were found to contain the brucella abortus organism and subsequent investigations during 1962 resulted in individual samples being examined from 188 cows, of which 24 were found to be positive.

During 1962, samples were also obtained from 172 cows in herds reported positive in 1961 and from these samples 8 positive cows were identified.

Whilst particular attention is given to those herds from which milk is retailed for consumption in the raw state, bulk samples are obtained at the processing dairies from incoming supplies and positive samples are followed up by individual sampling of the cows in the herds concerned to ascertain the offending animals. This has the effect of safeguarding the farmers, their families and employees who might otherwise be consuming raw milk containing the brucella abortus organism.

In all positive cases the facts are referred to the District Medical Officer of Health for restriction notices to be served as necessary under the Milk and Dairies (General) Regulations, 1959.

Once again I should record a tribute to the producers and retailers concerned during the periods of investigation which necessarily caused them some inconvenience with no compensation.

All samples are examined by the Public Health Laboratory Service in Norwich and I would pay tribute to the laboratory's Medical Director and her staff for their very helpful co-operation during the year.

Until brucella abortus in cattle is eradicated in the same way as tuberculosis, this work of sampling must continue, particularly so as there is no restriction on the sale of positive animals. Whilst many producers sell these animals for slaughter, others sell them undeclared on the open markets and their destinations are often only revealed by subsequent positive bulk samples.

Hospital Dairy Farms

9 samples were submitted for methylene blue tests and 2 for biological examination for brucella abortus and tuberculosis and all gave satisfactory results.

Milk production ceased during the year at St. Andrew's Hospital which was the last of these farms in the county.

Ice Cream

287 samples of ice cream were submitted for examination during the year. Of these, 268 were classified in Grade I and 14 in Grade II. Two samples were recorded as doubtful (Grade III) and 3 unsatisfactory (Grade IV).

The majority of these samples were submitted from the large national manufacturers but the records show that the local manufacturers have continued to maintain a satisfactory standard.

Food Inspections

426 inspections of foodstuffs at school canteens and 41 at other County Council establishments resulted in condemnations due to overlong storage, damp conditions and insect infestation rendering foods unfit for human consumption. Where fault could be attributed to the suppliers, suitable action, involving co-operation with the local authorities, was taken.

Regular talks on food hygiene have continued to be given to canteen personnel and compliance with the Food Hygiene Regulations has been obtained at a number of school canteens with the co-operation of the Chief Education Officer.

Clean Milk Bottle Campaign

The year saw a continuation of the campaign throughout East Anglia.

This campaign was originated by the County Council and there was an increased participation by local authorities in East Anglia. Television, press and poster publicity again played a large part and, whilst statistically the results are difficult to measure, generally bottles have been returned to the processing dairies in an improved condition. The co-operation of camping and caravan clubs has been sought and boat hirers in the Broads area have also proved helpful. Further, and resulting from a television commercial film, a firework manufacturing concern has agreed to avoid making any suggestion of milk bottles being used with fireworks.

School Swimming Pools

A number of schools in the county are now equipped with swimming pools, all but one having continuous circulation, filtration and chlorination plant installed. Some are outdoor pools and the indoor pools have heating equipment.

Frequent visits have been made and advice given concerning the operation of the purification plants. The pH and chlorine content of the pools have been kept under surveillance and this work has been supplemented by the submission of bacteriological samples.

All the Head Teachers and their staffs have co-operated extensively in this work and have proved extremely appreciative of the service given.

Housing and Sanitary Complaints

The following gives the number of complaints received and investigated, the majority relating to housing matters:—

Housing—					
Overcrowding	6
Old or registered blind persons requiring ground floor accommodation	2
Insanitary premises	2
					— 10
Drainage	3
Nuisances generally	7
					—
Total					20

New Housing

The following table shows the number of new permanent dwellings completed in the post-war period and during the current year, and is taken from the quarterly Housing Returns of the Ministry of Housing and Local Government:—

Total permanent dwellings completed in 1962 and total completed to date in the post-war period (i.e. from 1st April, 1945) for the Administrative County of Norfolk

Housing Authority Area	Housing Authorities and Housing Associations		Private Builders		Totals	
	During 1962	Total to 31/12/62	During 1962	Total to 31/12/62	During 1962	to 31/12/62
MUNICIPAL BOROUGHs—						
King's Lynn	67	1,887	106	635	173	2,522
Thetford	120	747	50	184	170	931
URBAN DISTRICTS—						
Cromer	—	148	—	135	—	283
Diss	15	300	18	124	33	424
Downham Market	—	168	9	63	9	231
East Dereham	20	460	67	433	87	893
Hunstanton	—	157	14	270	14	427
North Walsham	1	339	72	236	73	575
Sheringham	—	133	8	133	8	266
Swaffham	12	258	22	127	34	385
Wells-next-the-Sea	1	159	3	42	4	201
Wymondham	4	357	15	214	19	571
RURAL DISTRICTS—						
Blofield and Flegg	32	798	310	2,715	342	3,513
Depwade	—	838	68	470	68	1,308
Docking	14	508	59	526	73	1,034
Downham	47	880	83	545	130	1,425
Erpingham	—	608	48	490	48	1,098
Forehoe and Henstead	21	913	205	1,899	226	2,812
Freebridge Lynn	20	554	101	640	121	1,194
Loddon	9	556	63	402	72	958
Marshland	21	634	92	738	113	1,372
Mitford and Launditch	26	620	45	350	71	970
St. Faith's and Aylsham	53	1,244	510	4,860	563	6,104
Smallburgh	—	632	76	594	76	1,226
Swaffham	15	754	88	383	103	1,137
Walsingham	9	748	24	360	33	1,108
Wayland	7	640	73	491	80	1,131
TOTALS	514	16,040	2,229	18,059	2,743	34,099

Technical Assistance to District Councils

The arrangement for giving technical assistance to District Councils by undertaking the design and preparation of sewerage and water supply schemes on a repayment basis is running smoothly and economically.

Towards the end of the year the Docking Rural District Council's Burnham Market sewerage scheme at an estimated cost of £100,000 was nearing completion and a contract was placed for a sewerage scheme for the Downham Rural District Council at Feltwell at an estimated cost of £120,000. Other schemes were brought to an advanced stage of preparation.

XV. MISCELLANEOUS

Registration of Nursing Homes

	Number of Homes	Types and numbers of cases provided for:—		
		Maternity	General Nursing	Totals
Homes first registered during the year	—	—	—	—
Homes whose registrations were withdrawn during the year	—	—	—	—
Homes on the register at end of year	23	20	374	394

All the homes are visited at regular intervals by the County Medical Officer and Superintendent Nursing Officer.

There is no delegation of powers and duties to county district councils.

Laboratory Examinations

The Public Health Laboratory Service Board provides facilities at the Public Health Laboratory, Norwich, for the examination of specimens submitted by general medical practitioners for the diagnosis of infectious diseases and for those sent by the Council's medical staff in connection with the prevention and control of infectious diseases and the examination of staff for superannuation and other purposes.

The Norwich laboratory examined the following samples submitted by the staff of the County Council and by the public health inspectors of the county district councils:—

Samples submitted by County Council staff

Water (bacteriological examination)	39
Milk (bulk samples for biological examination) ...	417
Milk (individual cow quarter samples for brucella abortus examination)	360
Milk (methylene blue examination)	1,447
Milk (phosphatase examination)	1,302
Milk (turbidity examination)	67

Samples Submitted by District Public Health Inspectors

Ice cream (methylene blue examination)	...	287
Water (bacteriological examination)	...	2,117

Other samples, which were submitted by County Council staff, were examined by the Public Analyst as follows:—

Water (nitrate estimation)	108
Effluents	22
Other examinations	5

Medical Examinations

The following examinations were made by the medical staff of the Health Department:—

Superannuation purposes	371
Candidates for entry to the Norfolk Fire Service				39
Candidates for teachers' training colleges and entrants to the teaching profession		304
School canteen workers (non-superannuable)	...			137
School road crossing patrols (non-superannuable)				15
Allocation/commutation of part pensions	...			8
Fire Service pensioners	4
				<hr/> 878 <hr/>

Medical advice was given in 3 cases of County Council employees, who were no longer considered capable of discharging their duties, and in 74 cases of prolonged absence of staff through sickness.

7 applicants for driving licences, whose fitness was in doubt, were referred to the Health Department by the Local Taxation Officer for medical advice.

An additional 26 medical examinations were undertaken on behalf of other authorities on a reciprocal basis.

XVI. DEVELOPMENT OF LOCAL AUTHORITY HEALTH AND WELFARE SERVICES

In January, 1962, the Minister of Health issued a Command Paper entitled "A Hospital Plan for England and Wales," which sets out a long-term plan for the development of the hospitals over the next decade within the framework of the National Health Service as a whole. This plan is intended to be complementary to an expected development of the services for the prevention of illness and for care in the community, which are the responsibility of the county and county borough councils. The Minister, therefore, asked these local authorities in Circular 2/62 to review their health and welfare services and draw up plans for developing them over the next 10 years.

Local authorities were asked to provide the Minister with summaries of their plans by the 31st October, 1962, and to include the following information:—

- (a) Estimated net revenue expenditure for each of the 5 years 1962/63 to 1966/67 and for the year 1971/72, using the prices, salaries and wages current at March, 1962;
- (b) Particulars of the proposed capital building programme for the 10 year period; and
- (c) An estimate of the numbers of certain categories of staff likely to be required.

Expenditure

Part I of the Appendix to this report shows the estimated revenue expenditure, including loan charges and capital expenditure met from revenue. It will be noted that over the 10 years there is an increase of £247,043 (from £606,444 to £853,487) or 40.7%, i.e., approximately 4% per annum. It was stated in the Circular that the Government envisaged the growth in current expenditure over the next 4 years in the National Health Service as a whole (including the local authority health and welfare services) as being about 2½% per annum in real terms, and that the growth of hospital expenditure was being planned at 2% per annum in order to enable local health and welfare services to expand rather faster.

The increased expenditure mentioned above provides for the under-mentioned suggested developments of the health and welfare services for which the Health Committee is responsible. It includes the development of welfare services under Sections 29 and 30 of the National Assistance Act, 1948 (Welfare of Disabled Persons), but not development under other sections of that Act for which the Welfare Committee is responsible.

(a) Care of mothers and young children

It is proposed to build clinic premises at some of the larger centres of population where there is to be overspill development, or where suitable accommodation is not available at a local health office. The places in mind are Thetford, King's Lynn, Diss, North Walsham and Wymondham. The premises would be used regularly as infant welfare centres and for mothercraft classes and periodically for vaccination and immunisation sessions and other purposes. Health visitors for the areas served by these clinics would also be based there and the possibility of general medical practitioners using the accommodation would be considered.

An increase in the number of mothercraft classes is visualised.

(b) Nursing staff (midwives, health visitors and home nurses).

The proposed increase in hospital beds for maternity cases may well lead to a decrease in the number of domiciliary confinements, despite the increase in the birth rate, but this is likely to be balanced by the policy of early discharge from hospital, which will throw extra work on the domiciliary midwives. The policy of discharging patients from hospital at the earliest possible moment and of endeavouring to look after individuals (particularly elderly people) in the community as long as possible, will also lead to increased demands on the health visiting and home nursing services. It is therefore proposed to increase the establishment of district nursing staff (many of whom undertake a combination of midwifery, health visiting and home nursing duties) from 160 to 165 at the end of the first 5 years and to 180 by the end of the second 5-year period. It is also proposed to increase the number of whole-time health visitors from 30 to 40 over the 10 years.

It is estimated that 43 additional houses will be needed for the extra district nursing staff and in those districts where the retirement is anticipated of nurses now providing their own living accommodation. This will be a continuance of the Council's present policy. In recent years the demand for furnished accommodation has increased and the furnishing of 12 additional houses during the first 5 years has been allowed for. After that, the demand will probably have been met for the time being but replacement of some items of furniture may be necessary.

The Council's policy is to provide cars for midwives and home nurses who are unable or unwilling to supply their own transport and an increase in the number of such cars from 34 to 50 has been anticipated.

(c) Ambulance and car services.

Centralisation of treatment facilities under the Hospital Plan, and early discharge of patients, is expected to perpetuate the increased demands on the ambulance service which have taken place over the last 10 years, and provision has been made for an increase of 3% per annum in mileage payments to the voluntary organisations which provide the ambulance service on behalf of the County Council. The tendency of local ambulance committees to employ more paid drivers and attendants, because they are unable to secure the services of voluntary personnel, will also increase the cost of the service, and the existing radio equipment is due for replacement in 1965/66.

The numbers of cases conveyed by sitting case cars continue to increase and the further possible curtailment of public transport facilities, coupled with the tendency to centralise treatment facilities, is bound to lead to further increased use of sitting case cars. Additional expenditure to cover an increase of 3% per annum in mileage has been allowed for.

(d) Prevention of illness, care and after care.

It has been agreed provisionally that allowance should be made for the appointment of a health education officer in 1964/65, and that this item should receive special attention at the first annual review. At the present time, apart from what is done by the medical, nursing and other staff in the course of their normal duties, health education is rather spasmodic. Additional health education equipment is also needed.

The appointment of a second chiropodist in 1964/65 and a third during the second 5 year period is proposed in order to cater for the treatment of elderly people who are housebound and cannot therefore be dealt with under the arrangements made by old people's clubs, the physically handicapped and expectant mothers.

Allowance has been made for increased expenditure on equipment to enable severely disabled people to be cared for in their own homes.

(e) Domestic help service.

Here again, the policies of endeavouring to retain elderly people in their own homes for as long as possible and of early discharge following hospital treatment are bound to increase the demands on this service, and expansion at the rate of 5% per annum in the hours of help provided has been budgeted for.

(f) Mental health.

The implementation of the provisions of the Mental Health Act calls for considerable expansion of local authority services and the estimated annual revenue expenditure will be more than doubled (£198,343 compared with £78,004) during the 10 years.

42 additional places at junior training centres are to be provided by the opening of a new centre at King's Lynn (as part of a comprehensive training centre) to replace the existing centre, and the replacement of the present Sprowston centre.

At the present time, the County Council has no adult training centres but sends a number of cases to centres provided by the Norwich and Gt.

Yarmouth authorities. It is proposed to provide 60 places at the comprehensive training centre at King's Lynn and 20 places at each of the junior training centres at Attleborough and Holt by extending the premises.

Provision is included for special care units to be provided at the King's Lynn comprehensive centre (6 places) and the new Sprowston centre (8 places).

In order to make provision for male mentally sub-normal persons who do not need hospital care but have no home, or have unsatisfactory home backgrounds or are unable to obtain work in their own locality, but who are generally capable of employment, it is proposed to provide two hostels, one in East Norfolk and the other in West Norfolk, each with 25 beds. It is also proposed to establish a hostel to accommodate 30 patients discharged from mental hospitals or other mentally ill persons who may be capable of employment but who require a sheltered environment.

It is difficult and expensive to arrange for sub-normal children living in remote parts of the county to travel daily to a junior training centre, and the Council has in mind the building of a hostel at King's Lynn to accommodate 12 children who would attend the King's Lynn junior training centre and also provide accommodation for children needing temporary care in urgent circumstances and for whom other accommodation is not available.

The provision of two hostels for the elderly mentally infirm has been included in the proposals for the development of the mental health service but the building, staffing and maintenance of these has been delegated to the Welfare Committee and the estimated expenditure on these projects does not appear in Part I of the Appendix.

Additional headquarters and field staff will be required to cope with the developing community services and the appointment of a psychiatric social worker and three extra mental health officers (who will also undertake other welfare duties) has been allowed for.

(g) Welfare services provided under Sections 29 and 30 of the National Assistance Act.

It is suggested that the number of home teachers of the blind should be increased from 8 to 10; one additional appointment to be made during the first 5 years and the other during the second 5 years.

A contribution of £1,252 is being made towards the cost of a new brush shop at the Norwich Institution for the Blind and it is contemplated that the number of workshop employees for whom the Council is responsible may increase from 22 to 26.

Increased expenditure on the supply of handicraft materials for the blind and the provision of social centres is expected.

Increased grants by the Council to the Deaf and Dumb (Norfolk and Norwich) Welfare Association have been allowed for in respect of the services provided by that Association for county residents.

Additional expenditure is also likely to be incurred on the welfare of other types of handicapped persons, e.g., crippled persons in grants to voluntary organisations, assistance with holidays and the adaptation of premises.

Capital building programme.

The projects included in the Plan have already been referred to and are listed in some detail in Part II of the Appendix. Certain hired premises will cease to be used for health and welfare purposes when these new premises are available.

Staff.

The Minister asked that the Council should show the numbers of staff in certain grades, and in terms of whole-time equivalents, which would be required if the Plan was implemented and this information is given in Part III of the Appendix.

10—YEAR PLAN FOR THE DEVELOPMENT OF LOCAL AUTHORITY HEALTH AND WELFARE SERVICES

PART I

Net Revenue Expenditure
(including loan charges and capital expenditure from revenue)

Service	Estimates for					
	1962-63	1963-64	1964-65	1965-66	1966-67	1971-72
	£	£	£	£	£	£
Health Centres	35,489	32,920	34,027	33,972	35,153	39,255
Care of Mothers and Young Children	97,754	100,952	102,426	104,521	106,869	118,517
Midwifery	46,237	50,285	52,157	54,290	56,399	62,823
Health Visiting	87,651	90,440	91,806	93,697	95,880	106,337
Home Nursing	26,971	27,469	27,605	27,759	27,928	28,508
Vaccination and Immunisation	98,056	99,602	102,027	111,631	107,656	122,118
Ambulance Service						
Prevention of Illness, Care and After Care (Excluding Mental Health)	18,289	19,092	21,243	21,644	22,026	24,004
Domestic Help	73,903	77,795	80,705	83,784	86,875	99,932
Mental Health	78,004	90,056	109,855	130,430	138,763	198,343
Expenditure under other enactments	1,000	1,000	1,000	1,000	1,000	1,000
Expenditure not reckonable for general grant	16,240	16,340	16,460	16,590	16,690	17,550
Total for Local Authority's Health Services	579,594	605,951	639,311	679,318	695,239	818,387
Welfare Services for the Handicapped under S.29 of the National Assistance Act, 1948	26,850	28,900	28,660	29,590	31,070	35,100
*Grand Total of Expenditure	606,444	634,851	667,971	708,908	726,309	853,487

*Excluding items for which the Welfare Committee is responsible

PART II

Capital Programme

Schemes (in order of priority)	Location and size	Need	Provisional cost	Effect on Revenue Expenditure
1962/63 (revised) <i>Accommodation for district nurses and midwives in the undermentioned nursing districts:</i>			<i>Excluding sites paid for out of revenue</i>	
North and South Creake	House, district room and garage at:— South Creake	<i>New provision</i> Nurse, providing her own accommodation, retired in January, 1962. Vacancy not yet filled. Site available.	£3,000	+£200
5 Blofield	Brundall	Post vacant for 2 years and no accommodation available for a new nurse. Site available. Orig- inally in 1962/63 programme, then brought forward to 1961/62.	£3,190 (amount of lowest tender)	+£210
Rocklands	Rockland All Saints	Nurse, providing her own accommodation, reaches compulsory retiring age (60 years) in December, 1963, but may decide to retire at an earlier date. Site available. Deferred from 1961/62.	£3,093 (amount of lowest tender)	+£210
Gayton	Gayton	Present nurse living outside district. No accom- modation available in the district. Site available. Deferred from 1961/62.	£2,991 (amount of lowest tender)	+£200
Martham	Martham	Nurse, providing her own accommodation, reached compulsory retiring age (60 years) in March, 1962, but has had her service extended for 12 months. Negotiations proceeding for acquisition of site. <i>Deferred from 1961/62</i>	£3,000	+£200

Schemes (in order of priority)	Location and size	Need	Provisional cost	Effect on Revenue Expenditure
Buxton	Buxton	Nurse, providing her own accommodation, reaches compulsory retiring age in November, 1963. Negotiations proceeding for the acquisition of a site.	£3,000	+ £200
<i>Mental Health Comprehensive Training Centre, King's Lynn</i>	King's Lynn. To provide training facilities for:— Juniors — 60 Seniors — 60 Low Grades — 6	<i>Replacement</i> —Junior Training Centre. <i>New Provision</i> —Adult Training Centre and Low Grade Unit. Existing Junior Training Centre, King's Lynn, catering for the whole of West Norfolk, housed in inadequate, unsuitable, hired premises. No Adult Training Centre or Low Grade Unit in West Norfolk. Project is part of Council's expanding mental health services. Deferred from 1961/1962 owing to inability to obtain site.	£64,000 (including furniture and equipment) Site: £3,050	+ £14,000
1963/64 <i>Accommodation for district nurses and midwives</i>	House, district room and garage in each of the under-mentioned nursing districts: Reepham Binham King's Lynn Overstrand	<i>New provision</i> Nurse, providing her own accommodation, reaches compulsory retiring age in November, 1963. Nurse, providing her own accommodation, reaches compulsory retiring age in March, 1964. Nurse, providing her own accommodation, has intimated that she will retire in April, 1964. <i>Replacement</i> The present nurse's house, purchased by the County Council from the local nursing association in 1948, is gloomy, badly designed and unsuitable. It is, therefore, proposed to replace it.	<i>Excluding sites paid for out of revenue</i> £3,000 £3,000 £3,200 £3,000	+ £200 + £200 + £210 + £130

Schemes (in order of priority)	Location and size	Need	Provisional cost	Effect on Revenue Expenditure
<i>Mental Health</i> Hostel for Male Subnormals	King's Lynn. To accom- modate 25 residents.	<i>New provision</i> To provide residential accommodation for male subnormals with no home, unsatisfactory home backgrounds or unable to obtain work in own locality, but generally capable of employment. Deferred from 1961/62 owing to inability to obtain site. Comprehensive Training Centre must be available before hostel is built to give residents training facilities if employment not immediately available.	£48,000 (including furniture and equipment) Site: £1,000	+ £9,360
1964/65 <i>Accommodation for district nurses and midwives</i>	House, district room and garage in each of the under- mentioned nursing districts: King's Lynn	<i>New provision</i> The present nurse, who provides her own accom- modation, reaches compulsory retiring age in August, 1964, and a house is required for her successor.	<i>Excluding sites paid for out of revenue</i> £3,200	+ £210
	Fincham	The nurse for this district is living in a County Council house built for the nurse covering a neighbouring district. When the nurse in the latter district, who provides her own accommodation, retires (she reaches compulsory retiring age in April, 1965), the house will be needed for her successor and another house required for the Fincham nurse.	£3,000	+ £200
	Scarning	The present nurse, who provides her own accom- modation, reaches compulsory retiring age in October, 1965, and a house is required for her	£3,000	+ £200

Schemes (in order of priority)	Location and size	Need	Provisional cost	Effect on Revenue Expenditure
<i>Mental Health</i> Provision of training facilities for adults	Junior Training Centre, Holt. Additional classrooms (2) and store. 20 to 25 places	Apart from a limited amount of home teaching there are at present no facilities for adult training in this part of the County.	£6,500 (including furniture and equipment)	+ £2,430
Provision of training facilities for adults	Junior Training Centre, Attleborough. Additional classrooms (2) and store. 20 to 25 places.	<i>New provision</i> Apart from a limited amount of home teaching there are at present no facilities for adult training in this part of the County.	£6,500 (including furniture and equipment)	+ £2,430
Hostel for Male Subnormals	East Norfolk. To accommodate 25 residents.	To provide residential accommodation for male subnormals with no home, unsatisfactory home backgrounds, or inability to obtain work in own locality, but generally capable of employment.	£48,000 (including furniture and equipment) Site: £1,000	+ £9,360
1965/66 <i>Accommodation for district nurses and midwives</i>	House, district room and garage in each of the under-mentioned nursing districts: King's Lynn	<i>New provision</i> The King's Lynn Borough Council proposes to take overspill population from London and to increase the population of the town by 10,000 in 10 years' time, i.e., by 1971.	<i>Excluding sites paid for out of revenue</i> £3,200	+ £210
	3 houses—location not yet decided.	To accommodate additional staff likely to be needed.	£9,000	+ £600
<i>Clinic Centre</i>	Thetford. Premises to comprise waiting hall, weighing room, surgery, health visitors' room, storeroom, etc., with pram shelter and car park.	It is proposed to increase the population from 5,500 to 20,000 by 1981, mainly by accepting overspill from London. The clinic centre is intended to cater for a need in the southern part of the town where considerable development is taking place.	£8,000	+ £950

Schemes (in order of priority)	Location and size	Need	Provisional cost	Effect on Revenue Expenditure
<i>Mental Health</i> Hostel for Children	King's Lynn. To accommodate 12 children.	To provide accommodation for children living in remote areas to enable them to attend King's Lynn Junior Training Centre, and occasionally available for providing periods of temporary care for children in urgent cases.	£39,000 Site: £1,000	+£11,450
1966/67 <i>Accommodation for district nurses and midwives</i>	House, district room and garage in each of the under-mentioned nursing districts:	<i>New provision</i>	<i>Excluding sites paid for out of revenue</i>	
	Barningham	The present nurses in these districts who provide their own accommodation, will reach retiring age (60 years) during this financial year.	£3,000	+£200
	Salhouse		£3,000	+£200
	Thorpe		£3,000	+£200
	Tacolneston		£3,000	+£200
	2 houses—location not yet decided.	To accommodate additional staff likely to be needed.	£6,000	+£400
1967—1972 <i>Accommodation for district nurses and midwives</i>	House, district room and garage in each of the under-mentioned nursing districts: King's Lynn	<i>New provision</i> Increased population due to overspill arrangements with London County Council.	<i>Excluding sites paid for out of revenue</i> £3,200	+£210
	King's Lynn	Nurse, providing her own accommodation, reaches retiring age.	£3,200	+£210
	Cantley	Nurse, providing her own accommodation, reaches	£3,000	+£200

(in order of priority)	Need	Provisional cost	Revenue Expenditure
	2 houses—location not yet decided.		
<i>Clinic Centre</i>	King's Lynn. Premises to comprise waiting hall, weighing room, surgery, health visitors' room, store-room, etc., with pram shelter and car park.	To accommodate additional staff likely to be needed. £6,200	+£410
		The King's Lynn Borough Council is proposing to expand the population by 10,000 (present population 27,000) by taking overspill population from London and the clinic centre is needed to cater for that part of the town where the main part of the development will take place.	+£950
<i>Mental Health Hostel for Psychotics</i>	Location not yet determined. To accommodate 30 psychotic or other discharged mentally ill patients.	To provide accommodation for patients discharged from mental hospitals, or other mentally ill persons, who may be capable of employment but require a sheltered environment. £59,000 Site: £1,000	+£15,430
<i>Clinic Centre</i>	North Walsham. Premises to comprise waiting hall, weighing room, surgery, health visitors' room, store-room, etc., with pram shelter and car park.	There are no suitable premises in North Walsham (population 5,000) which can be used for clinic purposes. £8,000	+£950
<i>Accommodation for district nurses and midwives</i>	House, district room and garage in each of the under-mentioned nursing districts:	<i>Excluding sites paid for out of revenue</i>	
	North Walsham	New provision Nurse, providing her own accommodation, reaches retiring age.	+£200
	Ditchingham	Nurse, providing her own accommodation, reaches retiring age.	+£200

Schemes (in order of priority)	Location and size	Need	Provisional cost	Effect on Revenue Expenditure
<i>Clinic Centre</i>	2 houses—location not yet decided.	To accommodate additional staff likely to be needed.	£6,200	+£410
	Wymondham. Premises to comprise waiting hall, weighing room, surgery, health visitors' room, store-room, etc., with pram shelter and car park.	There is no suitable accommodation in Wymondham (population 6,000) for general clinic use.	£8,000	+£950
<i>Accommodation for district nurses and midwives</i>	House, district room and garage in each of the under-mentioned nursing districts:		<i>Excluding sites paid for out of revenue</i>	
	Costessey	Nurse, providing her own accommodation, reaches retiring age.	£3,000	+£200
	Walsingham	Nurse, providing her own accommodation, reaches retiring age.	£3,000	+£200
	2 houses—location not yet decided.	To accommodate additional staff likely to be needed.	£6,200	+£410
	North Walsham	Nurse, providing her own accommodation, reaches retiring age.	£3,000	+£200
	Woodbastwick	Nurse, providing her own accommodation, reaches	£3,000	+£200

(in order of priority)	Location and size	Need	Provisional cost	Effect on Revenue Expenditure
<i>Accommodation for district nurses and midwives</i>	House, district room and garage in each of the under-mentioned nursing districts:		<i>Excluding sites paid for out of revenue</i>	
	Watton	<i>New provision</i> Nurse, providing her own accommodation, reaches retiring age.	£3,000	+£200
	Cley	Nurse, providing her own accommodation, reaches retiring age.	£3,000	+£200
	King's Lynn	Increased population due to overspill arrangements with London County Council.	£3,200	+£210
	2 houses—location not yet decided.	To accommodate additional staff likely to be needed.	£6,000	+£400
<i>Clinic Centre</i>	Diss. Premises to comprise waiting hall, weighing room, surgery, health visitors' room, storeroom, etc., pram shelter and car park.	This market town with 3,600 population also serves as a centre for a large adjoining rural area and suitable premises are needed for clinic purposes.	£8,000	+£950
<i>Junior Training Centre</i>	Sprowston. To provide training for 63 children and 8 low grades.	<i>Replacement</i> To replace existing building, which was originally a war-time de-contamination centre and, despite improvements, is not entirely suitable or up to modern standards, and present site, with inadequate playing area, does not allow for re-building or expansion.	Total cost of scheme—£44,000 Site: £1,000	+£2,570

PART III
Staff
(excluding School Health Service)

Category of Staff	1961/62	1962/63	1963/64	1964/65	1965/66	1966/67	1971/72
Doctors (including M.O.H.) ...	7	7	7	7	7	7	7
Dentists (Proportion allocated to expectant and nursing mothers and pre-school children)	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$
Domiciliary Midwives	70	75	77	79	80	82	88
Health Visitors	35	36	37	39	41	42	46
Home Nurses	64	69	71	73	74	76	81
Staff (other than domestic in Day Nurseries)	—	—	—	—	—	—	—
Other Nursing Staff in the Health Services	—	—	—	—	—	—	—
Ambulance Staff	None directly employed. Service provided on an agency basis.						
Staff (other than domestic) in Training Centres for Mentally Subnormal	13	14	15	19	21	22	24
Home Helps (including supervisory staff)	138	145	152	160	168	177	225
Staff (other than domestic) in residential accommodation under S 28/46	—	—	—	3	3	6	12
Staff (other than domestic) in non-residential centres for the handicapped under S 29/48	—	—	—	—	—	—	—
Domiciliary Social or Welfare Workers							
(a) University or equivalent professional training	—	—	—	1	1	1	1
(b) General training in social work	6	6	7	8	10	12	15
(c) Other Social Workers	15	15	15	14	13	12	9
(d) Welfare Assistants	2	2	2	2	2	2	2
Home Teachers for the Blind	8	8	8	8	8	9	10
Home Teachers for the Mentally Handicapped	3	3	3	3	3	3	3
Chiropodists	—	1	1	2	2	2	3
TOTALS	361 $\frac{1}{2}$	381 $\frac{1}{2}$	395 $\frac{1}{2}$	418 $\frac{1}{2}$	433 $\frac{1}{2}$	453 $\frac{1}{2}$	526 $\frac{1}{2}$